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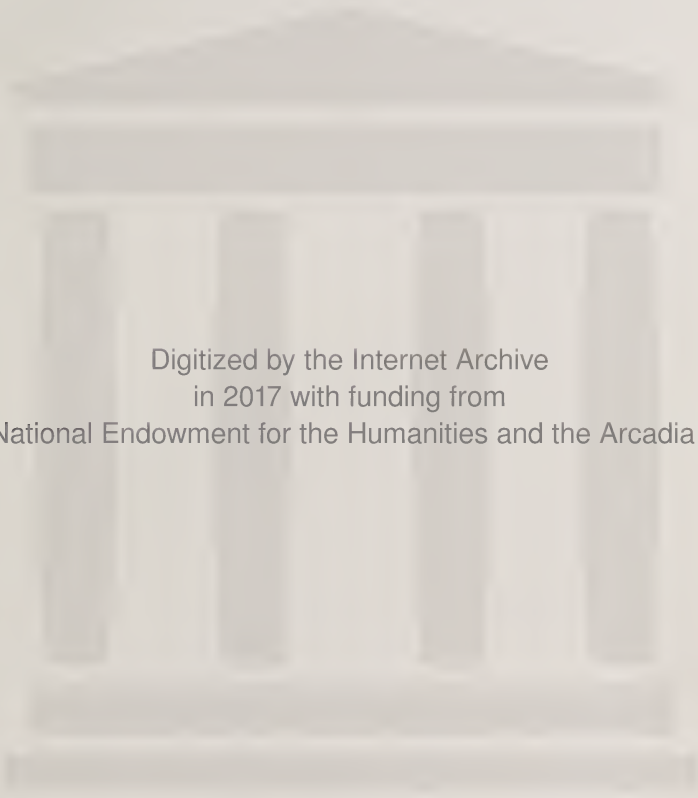


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WASHINGTON MEDICAL ANNALS

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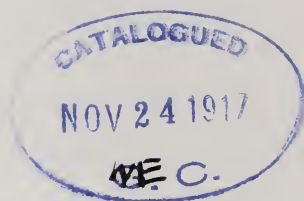
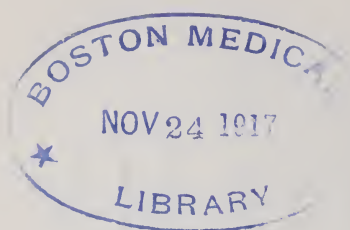
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DISTRICT OF COLUMBIA

Vol. XVI, 1917



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WASHINGTON MEDICAL ANNALS

ANNUAL ADDRESS.

December 13, 1916.

BY E. Y. DAVIDSON, M. D., PRESIDENT OF THE MEDICAL SOCIETY
OF THE DISTRICT OF COLUMBIA.

Fellow Members of the Medical Society:

In accordance with a provision of the Constitution, I shall claim your indulgence for a brief period of time before retiring from the position to which I was called by your partiality. The subject of a Presidential Address is a debatable one. Shall it be an oration in medicine; shall it treat of the practical or literary side of medicine; shall it be a review of the year's activities; or shall it depict, for pattern, a model society? The question of ease or difficulty in the treatment of the subject has no place in the selection of the subject. The decision as to the subject should be made in the light of the President's conception of his responsibility to the Society. This view has constrained me to eschew the congenial, and to pass in review before you some of the events of the year, with observations as to two of the Society's needs.

First, let me express to the entire membership of the Society a sense of my deep appreciation of its uniform courtesy and consideration, of its generous forbearance, and of its hearty coöperation—to all of which any success which my administration may have achieved is due.

No terms are sufficiently expressive of my appreciation of the loyalty of the Recording and Corresponding Secretaries. I feel that I could not have measured up in any appreciable degree to the requirements of the Presidential office without their intelligent aid and generous support.

During the year nine of our members have passed from our view. Medical endeavor has felt the impulse of their contact, the stimulus of their enthusiasm, and the encouragement of their achievements. They wrought well and our heritage is made richer by their having been with us and of us. Their names are inscribed in the temple of memory, and in honor of them we here record their names:

Dr. Eugene C. C. Winter,
 Dr. Robert L. Lynch,
 Dr. Hobart S. Dye,
 Dr. Francis B. Bishop,
 Dr. Ernest F. King,
 Dr. Floyd V. Brooks,
 Dr. Francis J. Woodman,
 Dr. Neil D. Graham,
 Dr. Arthur L. Hunt.

Number of members at beginning of year.....	585
Number elected to membership during the year.....	20
Total.....	605
Number died.....	9
Number dropped	4
Number resigned	5
Deduct number failed to sign Constitution.....	3
Number now on roll.....	584

The members of the various committees, stated and special, in their devotion to the Society's interests, have rendered prompt, intelligent and unselfish service. Having had more intimate relations with the Committee of Censors and the Executive Committee, I shall advert for a moment to these two committees in particular. I have been inspired by the exceptional interest and thoughtful judgment which have characterized service on the Committee of Censors. In a word, the members of the committee have evinced rare discretion and ripe judgment in the discharge of their duties.

No reference to the salient features of the year's work would be complete without special mention of the exceptional service rendered by the Executive Committee. One must serve on that committee and participate in its deliberations and share in its responsibilities, to adequately appreciate its relation to this Society. Among the many important matters which have engaged its attention may be mentioned the following:

Meeting place for the Society.

Change in annual assessment of dues from \$4.00 to \$5.00.

Reinstatement of members upon payment of arrears of dues.

Changes in proof of matter published in the ANNALS.

Increase of compensation of medical employees of the District of Columbia.

Establishment of a laboratory, under the Health Department, for the manufacture of vaccines, sera, etc.

Form of publication of the Index Catalogue of the Surgeon General's Library.

Control of persons suffering from communicable forms of tuberculosis.

Nominations for honorary membership in the Society.

Professional services rendered gratuitously in connection with public functions in the District of Columbia.

The rights of members of this Society as affected by Senate Bill No. 1,082, also known as the Sheppard or Anti-Saloon Bill.

This bill, as originally introduced, prohibited the sale, barter, manufacture, etc., of any preparation containing one-half per centum of alcohol. The proposed prohibition vitally affected the practice of medicine in the District of Columbia. The Executive Committee, to which the matter was referred by the Society, empowered its Sub-Committee on Legislation to endeavor to secure an elimination of the bill's objectionable features. Disclaiming any intention of invidious distinction, mention should be made in this connection of the signal and notable service rendered by the Chairman of the Sub-Committee on Legislation, through whose untiring efforts the bill was so amended as to make the latter in no wise objectionable to the Society. Mention also should be made in this place of the marked interest in the matter shown by Mr. H. R. Burton, attorney for the Society, who rendered valuable aid to the Sub-Committee on Legislation.

The following named important special committees were appointed during the year:

Meeting place for the Society.

The American Red Cross.

Celebration of the Centennial of the Society.

Regulations for the control of contagious diseases.

Regulations for the control of persons suffering from communicable forms of tuberculosis.

During the year six meetings of unusual importance were held.

The annual joint meeting with the Association for the Prevention of Tuberculosis was held on January 19th, and was formally designated, by action of the Society, as a memorial to General George M. Sternberg, who was an honorary member of this Society and President of the Association for the Prevention of Tuberculosis of the District of Columbia.

The joint meeting with the Baltimore City Medical Society at the Medical Library, Baltimore, April 7th.

The joint meeting with the Dental Society of the District of Columbia, April 19th, on which date was held a Symposium on Dental Diagnosis and Oral Sepsis.

The joint meeting with the Baltimore City Medical Society at the Cosmos Club, May 3d.

The meeting of May 17th under the auspices of the Medical History Club.

The Symposium on Infant Mortality on May 24th.

A notable event of the year was the complimentary dinner to our fellow-member, Dr. G. Wythe Cook, given by the Society

on October 28th, in honor of his seventieth birthday, and the presentation to him on that occasion of a loving cup, "in recognition of his distinctive attainments in medicine and his abiding loyalty to the Society."

The President of this Society has represented the Society on two notable occasions: First, as one of a committee composed of presidents of various State Medical Societies and headed by the late Dr. Wm. L. Rodman, President of the American Medical Association, which waited on the President of the United States, January 19th, and submitted to him a memorandum containing recommendations for an adequate increase in the Medical Corps of the Army and Navy in connection with any proposed plan for military preparedness. It may be remarked that the increase granted in the Army and Navy bills, recently enacted into law, was along the lines suggested by the committee.

The President of this Society was the guest of the Medical Society of New Jersey at its sesquicentennial, held at Asbury Park, N. J., June 20-22, and, at a reception tendered the presidents of various State Medical Societies, responded on behalf of this Society.

The following statement as to attendance suggests the first need to which I shall direct your attention—the need of an abiding and undivided interest in and allegiance to the Society. This need has lain close to my heart all this year, and I would be untrue to myself and false to my trust did I not speak of it to you tonight. When the small percentage of members in attendance at the meetings of the Society is stated, you probably will be greatly surprised. During the first five months of the present year, from January to May, inclusive, which period is used as a basis of estimate, less than 15 per cent. of the members attended the meetings of the Society. This small percentage of attendance was not peculiar to the year 1916, for the percentage of attendance was about the same for the corresponding periods of the years 1912, 1913, 1914 and 1915. (The Society and the Association were amalgamated in 1911.) In 1912 the percentage was less than 16 per cent.; in 1913 less than 15 per cent.; in 1914 less than 14 per cent., and in 1915 less than 15 per cent. It is thus apparent that there is a woful lack of interest in the Society by a large majority of its members. It cannot be assumed that 85 per cent. of the membership lack interest in the advancement of medicine, or that the Society's programs for the last five years were not of sufficient moment to command their interest or to warrant their attendance.

As an introductory to a statement as to what is believed to be a cause of the lack of interest by the majority mentioned, it is deemed proper to state that the interest of each and every member is intimately and indissolubly bound up with the Society,

for, quoting from the Constitution, "The object of this Society shall be the promotion, locally and generally, of the science and art of medicine and sanitation and the interests of the medical profession." Is it not through the Society that we derive our code of ethics, and is not the Society the arbitral tribunal for all questions pertaining to our ethical relations one with the other? Do we adequately appreciate the privileges and responsibilities of membership in the Society, which, it will be remembered, is co-ordinate with the great State Societies of our country? Is it possible to discharge our obligations to our profession unless we are unwavering in our loyalty and unfaltering in our fealty to this Society?

Wherein lies a cause of the want of interest set forth above? I believe that a cause of the lack of interest is the existence in this District of a large number of what I have been pleased to denominate Secondary Medical Societies, and I believe that I shall be able to show, from a statistical study of medical activity here during the first five months of the present year, that the existence of said secondary medical societies is inimical to the best interest of the Medical Society of the District of Columbia. I believe that the secondary medical societies have tapped our main and reduced our head-flow, and that many of our members get their inspiration from and give of their best efforts to said societies. From information furnished by the secretaries of fifteen secondary medical societies (their courtesy I now acknowledge) it appears that they, the said societies, have a total of 556 members on the active list, counting only members of this Society; that 298 members of this Society belong to at least one of the secondary societies; that 146 of our members belong to two or more of the secondary societies; that 61 belong to three or more of the societies; that 23 belong to four or more; that 11 belong to five or more; that 4 belong to six or more, and that 2 belong to as many as seven. Let us next see how the attendance at the meetings of this Society compares with the attendance at the meetings of the secondary societies. The maximum percentage of attendance of our members at the meetings of the secondary societies was 88.4; the minimum percentage was 20 and the average was 58.86. The average attendance was 44.66 per cent. greater than the average attendance at the meetings of this Society for the corresponding period.

In the light of these figures we plead for professional solidarity. We hold that we should not let our ardor for the new societies cool our devotion to the old Society; that we should not allow a new love to supercede an old allegiance, and that from the old mother we should draw our loftiest inspirations and to the old mother we should give an unquestioned allegiance. Rising to the privilege of membership in this Society, let us remember that

the strength of a society lies in the devotion of its members to its interests.

I know full well that it does not suffice merely to criticize. Upon him who offers criticism rests the obligation to suggest a remedy. I believe that if it be felt that medical activity additional to that now afforded by this Society is needed by our members, the need should find expression, in accordance with the provision of our Constitution, in the formation of sections of the Society. The abolishing of the secondary medical societies and the formation, in lieu thereof, of sections of this Society will, it is believed, be productive of the greatest good to all concerned, and will develop a stronger and broader spirit of common brotherhood than any action ever taken by the profession in Washington.

The figures which I have given you show that less than one-sixth of the membership attend the meetings of the Society, and doubtless many of you have already assigned as another cause of want of interest in the Society the lack of opportunity for social intercourse at its meetings. I believe that in order to stimulate greater interest in the Society means should be adopted by which the members may have opportunity for intimate, personal acquaintance one with the other. The members should know each other in that intimate way that comes from association, from social intercourse. To the end indicated, I earnestly recommend to the Society that a buffet luncheon be served not infrequently at the close of our meetings. The addition of the social element to the regular meetings will enhance, rather than lessen, the value of the scientific program, as has been shown to be the case with other societies outside of this jurisdiction. Let us meet together not only as scientific physicians, but also in good fellowship as men.

To the young member who is infrequent in attendance we would say that he fails to realize that in the hour spent here he can learn more from men than from books, and we beg to remind the older member who remains from the meetings that the Society is the same old fountain at which he quenched his thirst for medical knowledge in the days of his youthful struggles, and that allegiance to the Society is an obligation which membership entails.

Heed the call to consolidation and concentration of medical activity, and we shall see in the days that lie before us an awakening of the latent power of the Society; we shall see the potential influence of our members transformed into dynamic influence, all working together harmoniously for the Society's good and the Society's betterment. And when these things come to pass we shall have attained to such a dominating influence in this community in all matters relating to medicine and sanitation that the

Congress will let the wisdom of the Society determine the location of the Municipal Hospital, and the civic authorities will not only solicit our opinion in matters pertaining to medicine and sanitation, but will heed our advice, and they will adopt and promulgate regulations relative thereto in conformity with the recommendations of this Society. This is the future which professional solidarity in this District has in store for us, and to the consummation of which I present, in these simple words, without ornamentation or embellishment, but earnestly and, I trust, effectively, the need of an abiding and undivided interest in and allegiance to the Medical Society of the District of Columbia.

The second and final need—urgent, imperative, tremendous—to which I direct your attention, is that of a building owned by the Society, a building ample in proportion, modern in plan and design, and satisfying the requirements of taste and convenience—a building that not only will be a center of intellectual activity, but for the social amenities of medical life.

The idea of having a building of their own has been in the minds of the members of the Society for many years, and first found tangible expression in the erection of a Medical Hall at 1002-4 F Street, Northwest, in 1869. The struggles of the Society in connection with that building, terminating in its loss to the Society, are graphically recited by our eminent historian in the History of the Medical Society. Failure upon failure dampened not the enthusiasm of the membership nor deterred them in laudable efforts to devise means for the erection and ownership of a suitable building to house the Society. The late Dr. D. W. Prentiss, featuring the idea in his presidential address of 1891, detailed a plan by which the object might be accomplished, and Dr. G. Wythe Cook, in his presidential address of 1893, gave prominence to the matter, resulting in the appointment of a committee which submitted to the Society a report embodying a scheme for the formation of a stock company "with a capital of \$30,000, with 2,000 shares at \$15.00 a share, payable in ten years, etc." It having been ascertained that the project could not be carried into execution legally, a plan for voluntary subscriptions was devised. The amount subscribed was wholly inadequate to the end in view, and the committee was, thereupon, discharged by the Society. So far as the records show, the idea lay dormant for eighteen years. On March 22, 1911, Dr. C. W. Richardson and the late Dr. A. F. A. King brought the matter to the attention of the Society. On April 5th, a committee was appointed, Dr. C. W. Richardson, chairman, which suggested a plan of "voluntary subscriptions to an amount aggregating \$25,000." This effort, like its predecessor, failed of result.

I believe that on account of a larger membership, the need of a building of our own is felt more acutely today than at any previous time in the history of the Society. The reasons for the need are so apparent that it would be a matter of supererogation to state them. The need is in our minds and on our lips at every meeting. But the building can not be erected by any subtle alchemy. When we shall have become passionately absorbed by a determination, strong, firm and unalterable, to bring to a successful issue a plan by means of which the Society may be properly housed; when we shall have set this task before us and irrevocably committed ourselves to its accomplishment, the building will be erected, and not till then.

The plan to raise the necessary funds by the issue of stock by the Society was found not to be legal, and the plan to raise by subscription the amount needed was shown, after two attempts, not to be feasible. In order to be advised of a legal plan under which the Society may erect and own a building, I addressed a letter to Mr. H. R. Burton, attorney for the Society, requesting his opinion in the matter. Under date of October 31st, Mr. Burton replied to my inquiry as follows:

"Your letter of the 17th instant, stating that it is proposed to suggest the inauguration of a movement for the erection of a building by the Medical Society of the District of Columbia, and inquiring what is necessary to be done to enable the Society, directly or indirectly, to hold real estate under the plan, has been received. I have planned the organization of several companies of this kind.

"The method usually pursued is the organization of a corporation, generally called the owning company, for the purpose of acquiring a site, erecting a building and leasing it to the Society. There are several plans under which this could be done, which are outlined below. The figures and percentages are tentative merely, and are based upon the erection of a building to cost, fully equipped, \$100,000. They can be changed when it is ascertained with some degree of definiteness the wishes of the Society.

"*First:* Incorporate a company, under the laws of the State of Virginia, with a capital of \$100,000, to be subscribed at par and the proceeds used for the erection of a building.

"If this plan were adopted, the lease to the Medical Society should provide for the payment by it, as rental, of a sum equal to the amount of taxes and other assessments upon the property leased; premiums on insurance, running expenses of the company, and dividends on the stock, if desired.

"*Second:* Incorporate a company, under the laws of the State of Virginia, with a capital of \$100,000, for the erection of the building. Procure a loan upon first deed of trust of fifty per

cent. of the cost of the building and ground, and obtain subscriptions to stock in a sufficient amount to provide for the completion of the building.

"Under this plan the lease to the Society should provide for the same payments as the first plan, with the addition of an amount equal to annual interest charges on the mortgage or deed of trust notes. It would also be necessary either for the Society to make payments at stated intervals, to be used as a sinking fund for the curtailment of the first deed of trust as it became due, or additional subscriptions to stock should be obtained upon the maturity of the mortgage for such curtailment.

"*Third:* A loan upon first deed of trust to be obtained by the company, when organized, and the balance of the cost of the building obtained by subscriptions to second trust notes or bonds, to be issued in denominations of \$100 each. Each subscriber to the second trust notes would receive as a bonus common stock of the par value of twenty per cent. of the face value of the notes or bonds subscribed by him. The Medical Society would be expected to pay a sufficient rental to cover all expenses together with dividends. Curtailments on the first trust could be met by a sinking fund, or by the issue of additional second trust notes, with stock as a bonus, which latter notes would eventually be the only lien upon the property.

"*Fourth:* Sell \$100,000 of preferred stock, the proceeds of which would build and equip the building, and give each subscriber common stock equal to 20 per cent. of his subscription.

"*Fifth:* Incorporate the company with a capital of \$100,000 preferred stock and \$50,000 of common stock. Place a first mortgage or deed of trust upon the property of \$50,000, and sell \$50,000 of preferred stock, giving this stock 20 per cent. of common stock. In this case the preferred stock would represent the actual value of the property, over and above the first trust, and the value of the common stock would lay in the advance in value of the property. The first trust could be liquidated by selling the balance of preferred stock as required.

"The Medical Society would, in any case, pay all charges for heat, light, janitor service, repairs and the like.

"I trust that the foregoing gives you, in a general way, the information which you desire. There will doubtless be some modifications in any plan which is decided upon, but it will form a working basis, and I shall be glad to have some one present at any meeting of the Society or of any committee appointed to investigate the subject, if desired."

Through the medium of an Owning Company, which should be composed exclusively of members of this Society, we can erect a building under one of the plans mentioned. I trust that this address may be referred to the Executive Committee, and

that that committee may recommend to the Society the appointment, by the President, of a special committee to consider and report upon the matter, and I indulge the hope that it may be announced at our centennial celebration that the plans for the erection of the building have been completed, and that the building will be erected beyond the peradventure of a doubt.

I do not believe that there is lacking in the membership the apperceptive basis upon which to make an appeal for support of any of the plans that may be adopted. I make the appeal. I appeal to your superb courage and your indomitable spirit. Let us work in energetic concert. Let us show an unreserved, a consecrated devotion to our Society. Let us erect the building. At Cos and Pergamum and Epidaurus temples were erected in apotheosis of Aesculapius. Shall we not erect at Washington, the Capital of this great Republic, a building dedicated to American Medicine?

It is a great honor to be the presiding officer of this Society, composed of men and women of exceptional scientific attainments. I bow before the high ideals which you exemplify—ideals which Robert Louis Stevenson has portrayed in language of which I am not master: "There are men and there are classes of men that stand above the common herd, the soldier, the sailor, and the shepherd not infrequently; the artist rarely; rarelier the clergyman; the physician almost as a rule. He is the flower (such as it is) of our civilization; and when that stage of man is done with, and only remembered to be marvelled at in history, he will be thought to have shared as little as any in the defects of the period, and most notably exhibited the virtues of the race. Generosity he has, such as is possible to those who practice an art, never to those who drive a trade; discretion, tested by a hundred secrets; tact, tried in a thousand embarrassments, and, what are more important, Herculean cheerfulness and courage. So it is that he brings air and cheer into the sick room, and often enough, though not as often as he wishes, brings healing." This is a pen-picture of the men and women composing this Society, of the men and women with whom I have been in official and personal touch during the year, and of whom I shall always entertain the most pleasurable impressions and the tenderest memories.

"Tommy," said the Sunday-school teacher, who had been giving a lesson on the baptismal covenant, "can you tell me the two things necessary to baptism?"

"Yes'm," said Tommy, "water and a baby."

—*Western Mail.*

ACIDOSIS AND RENAL INSUFFICIENCY.*

By WILLIAM J. MALLORY, A. M., M. D.,

Washington, D. C.

Acidosis may be defined as a disturbance of metabolism in which the normal neutrality of body fluids is threatened, either by the excessive production of acid bodies, or a decrease in the bases available for the neutralization of the acids formed.

The form of acidosis most generally recognized is that occurring as a complication of diabetes mellitus, and producing the very serious condition of diabetic coma. There are, however, other forms of acidosis of clinical importance, and it is to these that attention is invited.

Acidosis has been recognized in children during the acute infectious diseases, in high continued fevers, intestinal infections, typhoid fever, starvation, and in gastrointestinal disturbances. It also occurs in eclampsia, phosphorus poisoning, and as a result of prolonged narcosis, and may be induced in health by a faulty diet.

As long ago as 1888 von Jaksch described acidosis in uremia, and recently Peabody¹ has made observations on the acidosis of chronic nephritis.

My interest in this condition was aroused by observations on a number of patients applying for gastrointestinal examination for what they designated as "biliousness." They complained, when questioned more specifically, of loss of appetite, bad taste in the mouth, headaches, lassitude, numb feelings in the extremities, chronic fatigue, with palpitation and dyspnoea on moderate exertion. They, as a rule, ate much meat and very little vegetables and fruit.

Functional tests revealed no gastrointestinal disturbances, there was no heart lesion demonstrable, but a very large number of these patients passed a large amount of urine of low specific gravity, low total solids, and low urea content, with a total acidity of from 40 to 60 c.c. decinormal sodium hydrate per hundred c.c. urine, using phenolphthalein as an indicator.

The phenolsulphonaphthalein excretion was about the lower margin of normal (60 per cent.) and a few casts were found in the urine of some, though not all, of these patients; one or two of them in from six months to two years developed definite symptoms of chronic nephritis. These observations led me to believe that I was dealing with a mild grade of renal insufficiency, and

* Read before the Medical Society November 1, 1916.

when dietetic and medicinal treatment based upon this supposition was followed by marked relief of the subjective symptoms, it seemed worth while to enquire further into the physiology of the condition, in order that even tentative conclusions might not rest on empirical results alone; for such conditions as are referred to above are common enough and produce sufficient ill health to justify rational treatment, if it can be demonstrated that such is possible, and the following considerations seem to indicate that such is the case.

It is well known that, despite the large amount of acids that pass into the blood as a result of the ingestion of food and the processes of metabolism, the normal reaction of the blood remains constant. This preservation of the normal reaction is upheld by the excretion of acids through the lungs and kidneys, as well as by the chemical composition of the blood. The latter is peculiarly well adapted to the taking up of a maximum of acid with a minimum change in reaction. This property is due to the presence of carbonic acid H_2CO_3 , sodium bicarbonate NaHCO_3 , sodium diacid phosphate NaH_2PO_4 , and disodium acid phosphate Na_2HPO_4 , which have the powers of maintaining neutrality.

When, however, there is a great abnormal increase in the formation of acids, or when the acids are not properly excreted by the kidneys, so that large amounts accumulate in the blood, the blood will necessarily become more acid in reaction. Such a rise in acidity, or tendency to acidity, is to a certain extent met by the reserve supply of bases in the tissues.

Finally, however, this reserve supply becomes exhausted and the increased acidity of the blood stimulates the respiratory center, causing increased aeration, and a decrease in the carbon dioxid tension of the blood.

It must be noted, however, that the carbon dioxid acts as a weak acid. The normal stimulation of the respiratory center ordinarily produced by an increase of the carbon dioxid in the blood, is not a specific reaction, but an action caused by an increase of active acidity, or, of H-ion concentration in the blood. The total, or titratable acidity is due not alone to volatile acids, of which the chief is carbon dioxid, but also to nonvolatile acids whose excretion is largely through the kidneys. Therefore any condition which increases the amount of nonvolatile acids in the blood will diminish the capacity of the blood for neutralizing carbon dioxid, or in this condition whatever carbon dioxid is added to the blood by the tissues, causes a greater increase of active acidity than it otherwise would. By virtue of the strong automatic regulation of the blood reaction, and the increased aeration of the blood, resulting from the respiratory stimulation, the *increased* amount of nonvolatile acid in the blood tends, therefore, to *decrease* the amount of carbon dioxid in the blood and hence in the alveolar air. This is the condition of acidosis, and

when well established, is characterized clinically by air hunger, or dyspnea, stupor, delirium, vomiting, convulsions and finally coma². This is a grave complication of any disease, and although it is occasionally so well borne that it apparently produces no ill effects when of moderate intensity, it should be considered detrimental, even in its mildest form. The condition should therefore be recognized in its incipency if possible, and prophylactic treatment instituted.

Examination of the urine for the purpose of determining the presence of acidosis is relatively unsatisfactory for several reasons. The usual tests for acetone bodies and the determination of ammonia excretion are not satisfactory, because they give evidence only of acids *excreted*, and leave one ignorant as to the conditions existing in the blood and tissues. Some other methods are too elaborate and difficult to permit of ordinary clinical application.

Since the concentration of carbon dioxid in the alveolar air corresponds to that in the blood, and since its concentration in the blood *decreases* as other acid bodies *increase*, it is evident that the concentration of carbon dioxid in the alveolar air gives a direct and immediate quantitative gage of the degree of acidosis.

The normal tension of carbon dioxid in the alveolar air is remarkably constant in different persons and in the same person at different times. The chief variations depend largely on the consumption of carbohydrate, which raises the amount. The normal ranges from 5.2 per cent. to 6.2 per cent. or 38 to 44 mm. partial pressure³.

Simplified apparatus and technique have made possible the easy determination of the carbon dioxid in the alveolar air, and a large number of observations have been made by different workers. The test has been applied clinically in a variety of conditions, and it is the opinion of those who have used it that it is the most accurate method for recognizing and measuring the intensity of acidosis, the reduction in the tension of carbon dioxid being noted some time before symptoms or signs appear.

It is therefore now possible to recognize degrees of acidosis heretofore overlooked, and to deal with incipient cases before they have become well established. Roth⁴ who has used this test as a routine measure in the management of diabetes, obesity, and, more recently, surgical cases, has found it of value in many other affections. He states that "The symptomatology of marked acidosis indicates plainly the serious character of its effects on the organism. It works insidiously but surely in its milder forms."

In all conditions in which we have observed it, we find that the patient always improves remarkably when the acidosis disappears. On the other hand, it aggravates concomitant affections and retards the progress of convalescence. "The power of endurance in health as in disease seems to run parallel with the individual power to retard or ward off acidosis," and "too much insistence

cannot be placed on its early detection and on the necessity of the timely adoption of proper therapeutic measures."

The treatment of fully established acidosis is well known to be very unsatisfactory. Our efforts should be directed to the *prophylaxis* of this condition and the treatment in its earliest stages, and if it is to be effective, the treatment must be based upon a knowledge of the physiologic processes involved.

It has been demonstrated that the respiratory center responds to very minute changes in the H-ion concentration in the blood,⁵ and since the carbon dioxid tension of the alveolar air remains remarkably constant, it is plain that the chief regulation of the H-ion concentration in the blood takes place in other organs besides the lungs. All evidence points to the kidneys as exerting the greatest rôle in the maintenance of this constancy of reaction. The acids of the blood leave the body by two channels, the carbon dioxid going by way of the lungs. The remaining acids are excreted by the kidneys. The latter organs, therefore, have a very important rôle in relation to the body acids and consequently in the preservation of body neutrality. The case of phosphoric acid serves to emphasize the importance of the kidney's function along these lines. This acid exists in the blood largely as disodium-acid-phosphate, while it is found in the urine chiefly as sodium-di-acid phosphate. Thus, in passing through the kidneys a great share of the base has been retained and is again ready for further combination with acid. Since phosphoric acid is one of the chief acids of the urine, the value of this phenomenon is very significant. Of the acids produced in metabolism, only sulphuric removes all of the base required for neutralization.

It therefore becomes apparent that the introduction of bases into the body offers a ready supply for the neutralization of acids formed in metabolism. Depending upon the quantities introduced, this may significantly change the composition of the blood.

Experiments have shown that a diet which produces an acid urine causes a low carbon dioxid tension of the blood; a diet that produces a less acid or an alkaline urine causes at the same time a high carbon dioxid tension of the blood⁶.

N. R. Blatherwick, of the Sheffield Laboratory of Physiological Chemistry, after a most thorough investigation of the "Specific rôle of foods in relation to the composition of the urine," states that "The data presented make it clear that certain vegetables and fruits, on account of their preponderance in basic elements, lead to the formation of less acid urines. In this their action is comparable to that of sodium bicarbonate and citrate which are widely used in therapeutics⁷. The question arises, Can these efficient fruits and vegetables render similar service in therapy? If the desired end can be obtained by a proper choice of diet, then a valuable step has been taken." He then mentions the possible application of such a diet in nephritis.

According to Martin H. Fischer's theory of nephritis, the signs and symptoms of this disease are referable to changes in the kidney colloids,⁸ the cause of the pathological changes being an abnormal production or accumulation of acid in the kidney. The presence of acid is said to favor the solution of the kidney colloids; hence the albuminuria. Its action in making the kidney colloids swell is assumed to explain the increase in size of the organ, and further, it precipitates a second colloid making the change in color (graying) of the kidney. Henderson and Palmer⁹ have shown that there is an increased amount of urinary acids in nephritis, and others have observed in cardiorenal cases a marked acidosis, with an accompanying fall in the carbon dioxid tension of the alveolar air.

If this acid theory of nephritis is true, then the treatment indicated is the introduction of bases in order to overcome this increased acidity. Fischer has reported much success in the treatment of nephritics by alkalies. That patients with kidney lesions differ in their response to the administration of alkalies has been shown by Palmer¹⁰. He reports that it is difficult to reduce urinary acidity in many nephritics by alkali treatment, but that after the urine has been rendered alkaline and then allowed to become acid, the patients respond normally to further administration of alkalies. The same author points out the danger of pushing the reaction beyond that of the blood, for then albuminuria is apt to follow.

Fischer has always advocated the use of vegetables and fruits, it now appears, with good reasons. Many of these foods are markedly efficient in producing less acid urine. That food is a fruit or a vegetable, however, is no indication that the eating of it will decrease the acid formation. Thus Blatherwick⁷ has shown that prunes, plums and cranberries caused an increase in acid production instead of the expected decrease. This he attributed to their content of benzoic acid. On the other hand, dietaries made up largely of potatoes with smaller amounts of apples, bananas, raisins and oranges offer an excellent means of introducing the desired bases into the body. These foods may be obtained throughout the year and thus have a special advantage. A very suitable base-yielding food, which can be had during the summer months, is the cantaloup. The tomato is also valuable. Care should always be taken not to eat too much of the cereals and meats, which have a predominance of the acid-forming elements.

We may summarize by stating that, in addition to the severe forms of acidosis generally recognized, there are clinical and physiological grounds for assuming that there are milder and more chronic forms of relative acidosis or reduction of bases in the body tissues, associated with ill health and a mild grade of renal insufficiency.

Such conditions may now be recognized by means of simple clinical tests, and should receive careful attention before they develop into acute intoxications or by their prolonged action on the parenchyma of organs produce serious permanent disease.

The treatment consists in correcting faulty hygiene, modifying the diet, and the administration of alkalies.

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Dr. Tom A. Williams said that Dr. Mallory had made an exceedingly good presentation of an important subject. It was not necessary that the kidneys be diseased as a condition for the occurrence of acidosis; we may meet with minor degrees of acidosis merely from a bad dietary (rich in amino-acids) with too little ingestion of bases; but this form of acidosis may go on to provoke nephritis. We may cure the form of acidosis due to bad hygiene by imposing a suitable régime. The diagnosis is easy enough; but we need to distinguish between what may be called the functional and the organic forms. When the kidneys become disabled we are dealing with the organic form of acidosis; and when the kidneys reach a certain degree of insufficiency, acidosis becomes very dangerous and tends to increase in spite of therapy.

As regards the use of fruits in acidosis, they are valuable only in proportion to the bases contained, and bases are present only in ripe fruits; therefore, unripe fruits may do harm, while ripe

fruits may be taken with advantage. He pointed out the fallacy of looking on acidosis from the standpoint of the inorganic acids, but it must be remembered that amino-acids may produce edema alone.

Dr. W. P. Carr said that the subject of acidosis is one of the most complicated before us today. There must be different forms of acidosis and the condition is not so simple as Dr. Williams would have us think. He had expected to hear of the effect of the nervous system on the production of acidosis; there was reason to think that acidosis may arise from nervous disturbances. Acidosis may be provoked by an anesthetic alone, and the blame may be laid on the anesthetic because the condition may arise too soon for faulty diet or starvation to account for it. Many theories have been proposed to explain the origin of acidosis, but none is entirely satisfactory. The use of alkalis in advance does not avert post-anesthesia acidosis. In diabetes a meat diet does not produce as much acid as do carbohydrates. He agreed with Dr. Williams that ripe acid fruits act as alkalis in the body.

Dr. Hagner said that Dr. Mallory had conferred a distinct benefit by bringing this subject before the Society. It was a most important field of study and those men who were working in it have taught the surgeon how to avoid many serious mistakes. It is interesting to note that patients with high acidity of the urine have a high phthalein output; this was due, of course, to the ability of the kidneys to excrete solids.

Dr. T. F. Lowe said that he had spoken before the Society several times on the production of acidosis by anesthetics. Impure chloroform may cause acetonuria. Chloroform may under some conditions decompose with the liberation of chlorine and acetone; ether may also decompose into acid bodies, and even nitrous oxid gas may become too rich in carbonic acid gas. All these facts indicate the importance of the use of only the purest products obtainable for the induction of anesthesia.

Dr. Carr said that all of the anesthetics have been tested and the small amounts of impurities found in them cannot account for the acidosis that follows their administration. Moreover, a certain amount of acidosis is present in every case, and this must be due to some effect of the anesthetic on the tissues of the body. When the condition gets a good start, the administration of alkalis may change the acidosis to an alkalosis without saving the patient.

Dr. Williams said that in the acidosis of anesthesia the nervous system does play a part, but a minor one; the acidosis is due mainly to imperfect combustion from interference with aeration; this produces tissue acidosis, and this is accentuated by the muscle activity of the first stage of anesthesia. The fact that alkalis may reduce blood acidosis without affecting the tissue acidosis is important; because the tissue acidosis may be relieved by the ad-

ministration of glucose, which acts as a fuel, enabling the consumption of amino-acids.

Dr. C. N. Chipman said that some years ago when chloroform was used more extensively than at present, he had seen some cases of delayed chloroform poisoning; in these there seemed to be no doubt that there was destruction of the liver cells. What is the cause of the high temperatures to be noted in eclamptics? It seemed most likely that this was due to some chemical change in the blood.

Dr. E. L. Morgan advocated the careful testing of all anesthetics before use on human subjects. Doctors should search their consciences to determine if their full duty had been done toward their patients in this respect.

Dr. J. B. Nichols said that the subject was a very foggy one and he did not expect to give any light upon it. Where is the proof that acidosis is due to defective oxidation? And where is the proof that glucose causes any increased oxidation of amino-acids? We have a dilemma in these questions; for if renal insufficiency causes acidosis, how does the reduction of amino-acids to end products help the situation? As to the effect of amino-acids, they are found in the blood in hardly recognizable amounts, and are easily reduced to urea in the blood anyway. The facts and theories in the problem do not square. He appreciated Dr. Mallory's paper very much. Had Dr. Mallory been able to verify the presence of acidosis in his cases by examinations of the alveolar air.

Dr. Mallory said that in his few remarks he had not hoped to settle this matter. The paper was admittedly theoretical and was advanced with the hope of explaining some obscure clinical states. The interest shown by the Society in the subject indicated its importance. As to the relation of eclampsia to acidosis: it seemed probable that in the eclamptic, acidosis causes increased intracranial pressure from edema, and the pressure affects the heat centers, causing the high temperatures to which Dr. Chipman referred. As to the effect of glucose in acidosis, Magnus Levy has shown that acids will burn better in the presence of sugars of that type. He had been unable to study the alveolar air in his cases because he had been unable to obtain a suitable instrument during the course of the study.

PUTTING ON AIRS.—Corporal (to soldier reporting sick):
"What's the matter with you?"

High Private: "Pain in my abdomen."

Corporal: "Abdomen! Abdomen, indeed! You don't 'ave no abdomen; you 'ave only a stomach. Its only the officers that 'as abdomens."—London *Punch*.

CASE OF SPURIOUS HERMAPHRODITISM.*

By JOHN CONSTAS, M. D.,

Washington, D. C.

R. G., white, age 14. Nothing of importance in family history, or in patient's past history, save diseases of childhood. Patient was seen, by me September 7, 1916. He complained of severe pains "in his privates," as he said. On examination I found great swelling on either side of perineum where scrotum is supposed to be. It resembled an oedematous vulvitis and was painful to the touch. Further examination revealed absence of the penis, except a small body which resembled the glans and which was largely covered with skin. The region above pubes was elevated so that it gave the appearance of mons veneris. Patient's voice and manner rather effeminate. On raising the little concealed body, which resembled glans, I noticed a depression about one-half an inch in circumference and nearly one-eighth of an inch deep. In front of it, and about two inches from the anal orifice, there was an opening, triangular in shape; this proved to be a urethral opening. From this aperture another narrow channel led to the base of the glans penis, ending there in a pin-point opening. There is also a blind slit right in the center of the glans, but does not communicate with the aforementioned second urethral opening. He was sent to Georgetown University Hospital, and after local treatment the inflammation subsided. I was then satisfied that each half of scrotum or labium, whatever you may call it, contained a testicle, and that the depression near the anal canal was a rudimentary vagina. A photograph was taken by Doctor Madigan of the Hospital, but proved unsatisfactory. I operated on the patient September 16; dissected out the concealed penis and at the same time denuded the scrotum, sutured the urethral opening with chromic No. 2 catgut transversely, and covered same with a small flap of skin. Finally I united the halves of the scrotum and enlarged the second opening near the base of the glans, inserting a rubber soft catheter which, four days later, was removed.

Patient recovered from first stage of operation uneventfully. He now urinates standing up, instead of squatting, as heretofore.

In centrifuging a specimen of urine I found numerous spermatozoa alive.

Whether this case was a Hypospadias or Hermaphroditism I leave for you to judge.

Dr. F. R. Hagner said that Dr. Constas had secured a remarkably good result from his plastic operation so far as the first stage was concerned; he would be greatly interested in the outcome of

* Reported to the Medical Society November 15, 1916.

later steps. The case was an instance of partial hypospadias; it should be called partial because there was a rudimentary penile urethra. The result achieved by Dr. Constas in connecting the membranous urethra with the lower canal was most successful. Dr. Hagner had under observation a similar case, and if he succeeded as well as Dr. Constas he would be very happy. His own case was one of complete hypospadias.

Dr. G. Tully Vaughan agreed that the case was one of spurious hermaphroditism. True hermaphroditism was said not to exist in the human subject, but there was a case report of an individual who bore a child by a man, and was the father of a child by a woman. Lexar, of Germany, had used the appendix for making a urethra in the plastic surgery of hypospadias, and the long saphenous vein had been used in the same way.

Dr. H. A. Fowler was particularly interested in this case on account of the very successful result; such results were very difficult to obtain. The case seemed to him to be one of perineal hypospadias; the cleft scrotum was an indication of this. In such cases the penile urethra may be fibrous; it may be patent, or it may be clogged. The most difficult part of the operation was yet ahead of Dr. Constas; first, to correct the deformity; secondly, to avert the undoing of the previous work when it became necessary to divert the stream of urine by opening the perineal urethra.

Dr. Constas expressed his appreciation of the generous discussion of his case.

TWO CASES; CYSTIC DILATATION OF THE ENDS OF THE URETERS AND FOREIGN BODY IN BLADDER.*

By ADAM KEMBLE, M. D., PHAR. D.,

Washington, D. C.

Cystic Dilatation of the Ends of the Ureters.—Cystic dilatation of the bladder at insertion of the ureter must be distinguished from prolapse of the ureter into the bladder. In dilatation, the ureteral orifice is very small and the ureteral mucous membrane not everted; in prolapse, the ureteral mucous membrane is turned outwards through an enlarged ureteral orifice. Fenwick, who first accurately described the condition, speaks of it as the ballooning of the end of the ureter. On cystoscopic examination this term more truly describes the condition. It occurs at all ages. Cases have been reported in young children where cystic ureters have protruded from the vulva and have been ligated and removed with disastrous results. Calculi are frequently found

* Reported to the Medical Society November 15, 1916.

in the cysts. The cyst may be so large as to become engaged in the urethra and cause the most violent tenesmus.

Mrs. B. C., age 40, referred to me by Dr. Rush Conklin on March 17, 1914. For the past fifteen years had been having recurring attacks of difficult and painful urination with frequent and constant desire. These attacks lasted for several weeks at a time and resisted all efforts for relief. Two weeks before I saw her she had had a hysterectomy for the removal of a fibroid tumor of the uterus. Following this operation, until I saw her she had an almost constant pain and distress in the bladder, with violent straining and urgent desire to urinate. Excessive doses of morphine were required for relief.

Cystoscopy showed a bladder mucous membrane normal except over the trigone, which was much reddened. Two thin walled cystic bodies were seen projecting from the base of the bladder, one on each side, corresponding to the normal location of the ureteral orifices. The right one was somewhat larger than the left and was about the size of a large walnut. Opening on the summit of each cyst was seen a small, contracted ureteral orifice. From these openings small jets of urine were ejected from time to time. The cysts were seen to slowly and rhythmically contract and dilate. Bloodvessels were seen coursing over their surfaces.

Two days later an attempt was made to lance the cysts with a sharpened wire in a ureteral catheter. The attempt failed. Two days later, through a Kelly cysto-urethroscope, I made an effort to incise the dilated ureters. Cystoscopy two days later showed the right cyst lacerated but both apparently as large as ever. The next day the patient was somewhat relieved and continued so for the following two weeks, when the pain and straining returned. On April 6, with Young's cystoscopic rongeur and under local anaesthesia, which included the ureteral orifice, a large bite was taken out of each cyst. The right side was first attacked. This left the field very bloody for the attack on the left side, but both specimens were identical in appearance, showing both surfaces covered with mucous membrane, and the small, contracted ureteral orifice in the center. While still on the operating table, and before leaving the operating room, the patient was emphatic in stating that she was well. Her symptoms disappeared immediately and have not returned after a lapse of two and one-half years. She has repeatedly refused my request for a cystoscopic examination, fearing it might cause a return of her trouble.

Foreign Body in the Bladder.—A great variety of foreign bodies have been introduced into the bladder, such as pencils, pins, pipe stems, paraffin, wax, shot, peas, etc. During operation, sutures are sometimes passed through the bladder mucous membrane. The immediate effect noticed is bladder irritability, followed by cystitis. If the body remains long enough it will form a nucleus for stone formation. The introduction of wax and paraffin is not

uncommon and has led to great perplexity on the part of the operator who subsequently performs litholapaxy for the removal of the resulting stone. The wax entangles and gums the blades of the lithotrite, making this operation impossible.

Case.—H. W., age 27. Referred to me Aug. 15, 1916, by Dr. Riggles. Claimed to have injured perineum while wrestling ten days previously. This was followed by a stoppage of the urine flow. To open the urethra he pushed into it a long pencil of chewing gum on the following day. On attempting to pull it out the portion in the bladder had coiled up and broke off. At the time I saw him he had no symptoms other than a spasm at the end of urination and a sudden stoppage of the flow. Pus cells in small numbers were present in the urine.

Cystoscopy showed a much reddened bladder mucous membrane. A twisted mass of gum about the size of a small walnut was seen on the floor of the bladder.

The next day, without anaesthesia, local or general, and without pain, the mass was removed by the use of the cystoscopic rongeur. The instrument was inserted twice, two bites being taken. The remaining bits of gum were voided. The examining cystoscope was then inserted and showed the mass to be entirely removed.

Dr. H. A. Fowler said that while Dr. Kemble was reporting the first case he had been struck anew by the lessons to be learned from cystoscopic examinations and the importance of such observations. He felt sure that Dr. Kemble must have been surprised to find the condition described. Those who do much cystoscopic work will concur that the condition was very rare; he remembered seeing only one such case, and in that case the condition caused no symptoms.

Foreign bodies were, of course, frequently found in the bladder. Some were introduced wittingly, others unwittingly. He cited some interesting cases met in his own work. He had confirmed Dr. Kemble's experience as to the usefulness of the cystoscopic rongeur for the removal of calculi. He related the case of a man with cystinuria, from whom he had removed a small cystin calculus; this calculus was the nucleus of quite a collection of these rare stones all contributed from time to time by the same patient.

Dr. F. R. Hagner asked if Dr. Kemble had been able to introduce a catheter into the ureter in the case of cystic dilatation of those ducts.

Dr. Kemble replied that it had been utterly impossible to introduce the smallest catheter.

Dr. Hagner said that Dr. Kemble was to be congratulated on the symptomatic cure achieved in his case. If it had been possible, gradual dilatation of the ureter would have been the proper

procedure. With regard to foreign bodies, the most interesting case in his own experience was that of a man who had thrust a large rubber band into his urethra; this man was a masturbator, and he had rolled the band into a cornucopia and had shoved it into the urethra with a pencil.

Dr. Kemble said that the case of ureteral dilatation was particularly interesting because it was bilateral. The severe symptoms had required large doses of morphia, but none had been required after the operation.

FRACTURE OF FEMUR, ILLUSTRATING NEWER METHODS OF TREATMENT.*

By WM. P. CARR, M. D., F. A. C. S.,

Washington, D. C.

I am reporting this case because it shows in what a short time solid union of a fractured femur may sometimes occur, and secondly, to illustrate our latest method of treatment for such fractures.

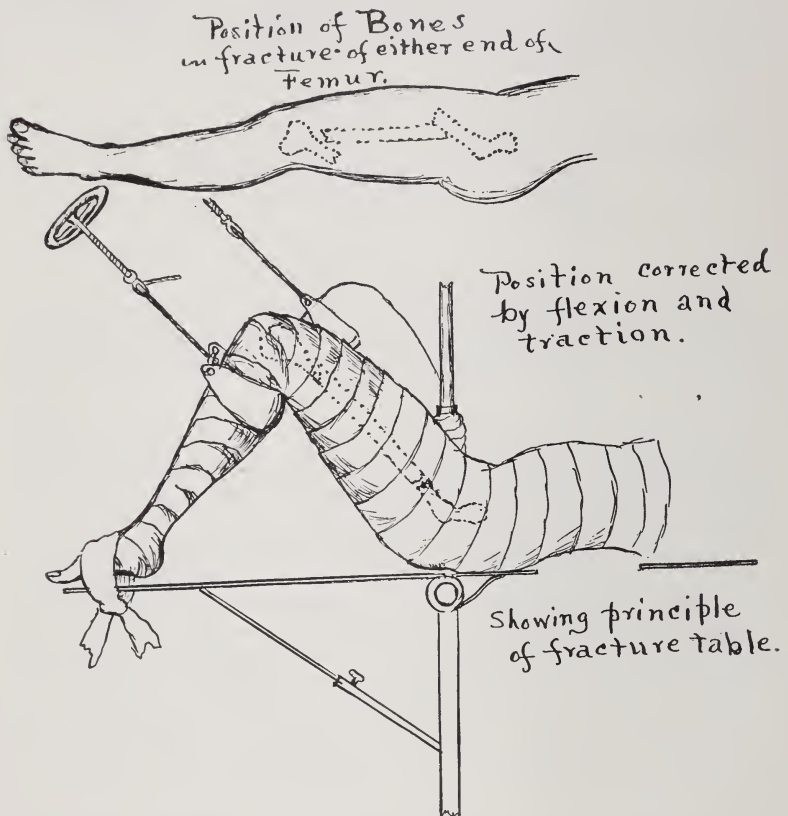
The patient, W. H. B., male, white, age 52, was brought to the Emergency Hospital Oct. 25, 1916. He was found to have a Colles fracture and a fracture of the upper end of the femur. He was taken at once to the operating room and put upon the fracture table I shall show you tonight.

This table was devised and made by myself, in the summer of 1915, more especially for use in fractures of the upper or lower end of the femur, but is also very efficient and convenient for treating many other fractures. Powerful extension and counter extension can be easily made with it in any direction, on any limb or on the spine, with the patient in a comfortable position, yet freely accessible for the application of the proper plaster cast. It has been used for fractures of the arm, forearm, leg, thigh, hip and spine, and has so far met every indication in a most satisfactory way.

Mr. B. was placed on this table, given gas oxygen anaesthesia, both knees flexed to a right angle and both thighs to an angle of about 45 degrees. The injured limb was then wound with glazed cotton bandages about 6 inches wide, and this cotton layer continued over the pelvis and body to the nipple line. A plaster of paris traction cuff was then placed on each leg just below the knee and connected with pulleys and screws, so that each thigh could be evenly stretched, while the large padded rod against the perineum prevented slipping down of the patient on the table.

* Reported to the Medical Society November 29, 1916.

In moderate traction the weight of the leg keeps the knee flexed ; but it is usually necessary for a nurse to hold the feet down or to pass a bandage over them for this purpose. The knees were then widely separated so as to abduct the thighs to an angle of 45 degrees, while the same degree of flexion was maintained. (See figure.)



IN FRACTURES OF THE UPPER END OF THE FEMUR THE THIGH IS ALSO ABDUCTED TO AN ANGLE OF ABOUT 45°.

Traction was then made on both legs until we were sure all muscular contraction had been overcome, and measurement from the patella to the anterior superior spine of the ileum was equal on both sides. The amount of traction was estimated roughly by pulling upon the pulley rope with the hand and was probably 100 pounds on each leg. The whole limb and body from the toes to the nipples was then encased in plaster bandages reinforced by a few corrugated wood splints and traction maintained until the

plaster hardened. The traction cuffs around the leg and the shelf of the table upon which the sacrum rested were included in the cast.

The cuff remains permanently in the cast and the patient is slid off the sacral rest after the cast hardens. When the cast has become firm the traction cords are released and the cast trimmed, and a dinner space cut out over the stomach.

The cast was split over the knee in the middle line anteriorly, and for a foot or more above and below the knee to be sure that the popliteal vessels were not compressed by the plaster cuff on which traction was made, and the patient, who had now fully recovered from the anaesthetic and was comfortable, was sent to the ward.

I did not see him for two weeks, and when I did, I found he had been picking at the cast where it was split over the knee and had weakened it above the knee. I requested one of the internes to reinforce it at once, but for some reason he forgot or failed to do so, and when I again saw the patient three weeks after the cast was applied, I found it nearly all off, from the knee to the middle of the thigh.

I expected to find the femur much shortened and badly angulated, and told my interne he had ruined the leg; but when I removed the cast I found I had good solid union and a practically perfect result. There was no perceptible deformity, only half inch shortening, and no stiffness of either knee or hip. The cast was not replaced, but the patient is still in bed. I expect to let him up this week. I asked Dr. Shands to measure and examine him yesterday, and he found the result as I have stated.

I have seen one other case in which union in a femur occurred in eleven days, in bad position. This was a boy about 12 years old, and it took all my strength to break the bone over the edge of the table, after which it was treated in the same way as the case just reported with a perfect final result.

With the Hawley table or with mine, which is much simpler and cheaper and, I think, more convenient and effective, nearly any fracture of the femur may be treated in a satisfactory manner without open operation, and with a practically perfect end result. Formerly I used the weight and pulley in many cases, sometimes applying a cast after two or three weeks, when muscular contraction had been well overcome. But with such a table to overcome muscular contraction at once and with the great advantage of an abducted flexed thigh and flexed knee, held rigid in strong tension and yet accessible for the application of a cast, held until the cast sets, with good extension against the leg and counter extension against the body, there is no danger of shortening and no necessity for the weight and pulley, except in patients who cannot safely take an anaesthetic.

For years I have fought against the open operation in sim-

ple fractures of the femur, and especially against the use of the Lane plate or any contrivance intended to maintain alignment of a long bone by being screwed or banded to the bones. I am glad to say that the tide has turned my way, the Lane plate has been pretty generally condemned in this country, and, in New York, Cincinnati, and some other large cities it is now unusual for a fractured femur to be treated by open operation. The Hawley table is used and the fractures are put up as I have described above.

I do not take the credit for this improvement for I think it is the natural swing of the pendulum to safer and saner methods, but it is a source of satisfaction to me that I did all in my power to help the pendulum swing back from the reckless operating and vicious methods of a year or two ago.

The same principles apply to fractures of other bones, particularly those of the humerus, and I have a similar and most satisfactory method of treating fractures of that bone that I believe is original. At least I have several times published it as my own method without contraction, which usually comes very promptly when such claims are unfounded. I refer to the method of using a full plaster jacket with the arm at nearly a right angle to the body and the forearm flexed, so as to obtain perfect extension and counter extension.

In conclusion I would say that excellent results have been obtained in the past in fractures of the femur by the use of Buck's extension, the double inclined plane, Smith's anterior splint, and numerous modifications of it; and where a suitable table cannot be obtained these methods will still give most excellent results if properly used. But most operations are done in city hospitals where fracture tables are available, and are therefore not only useless but are inexcusable.

Dr. J. R. Wellington said that the method demonstrated by Dr. Carr impressed him as being most excellent. In fracture of the upper third of the femur, the successful use of Buck's extension apparatus is impossible; the use of the table and casts in the method described by Dr. Carr should prove most satisfactory in such cases. Dr. Carr's table seemed simpler and better than the Halley table.

Dr. C. N. Chipman was particularly interested in Dr. Carr's case, because he had recently had under treatment a child of two or three years for fracture of the upper thigh; he had obtained a most excellent result by putting on a double plaster spica with the thighs in the flexed position. The cast was in position only a week or ten days, because it was softened by urine. In a second case, a child eight years of age, excellent results were obtained by putting the thigh in plaster in the straight position.

Dr. Carr called attention to the necessity in the treatment of fractures of the thigh by any appliance, of having points of ex-

tension and of counter-extension ; otherwise shortening is sure to result. He illustrated the carrying of casts over flexed joints to secure this. He suggested to Dr. Chipman the desirability of incorporating oiled silk or rubber tissue in casts used about the perineum in small children.

CONGENITAL PYLORIC STENOSIS IN A BABY FIVE WEEKS OLD.—OPERATION.*

By W. B. MARBURY, M. D.,

Washington, D. C.

To report one case of any particular kind I am aware of the fact that to be of any great interest it should be a rare one, and that distinction cannot be claimed for this, though congenital pyloric stenosis is not common.

Dr. Alfred Hand, writing in the *Medical Record* under date of June 17, 1916, said that he had been looking for pyloric cases since attending a meeting of the Canadian Medical Association ten years previously and had seen none until a year and a-half before. Downes reports a series of 80 cases, but, as Herrman remarks, this is apt to be misleading as to frequency, as he has had many more than any other one surgeon in New York.

Since then they are a little more rare than the ordinary "common garden variety of surgical case," and since there seems to be quite a diversity of opinion as to treatment even when diagnosed, I thought it well to give a short resumé of a few of the interesting points before reporting my case.

The condition is much more frequent in the male than female and in first babies that are breast fed ; the trouble is not apparent at birth, but usually manifests itself from two to six weeks afterwards. Weeks reports a fatal case operated on in the eighth month. The doctor is usually consulted because the baby vomits its food. This vomiting is usually projectal in character, being thrown sometimes 10-12 feet. The vomitus is unstained with bile, and if saved for twelve hours will amount very nearly to the intake during that time. The stomach is dilated and contains large amounts of gas. When empty a small, hard tumor can frequently be made out on deep palpation in the epigastrium, slightly to the right of the midline. Reversed gastric peristalsis may be seen. The stools are small and colorless.

This symptom complex, with a history of the child's having been born healthy and remaining so from two to four weeks, with a gradual loss of weight, beginning with onset of trouble, will clinch the diagnosis in most cases. Where the syndrome is less

* Reported to the Medical Society November 22, 1916.

well marked the diagnosis may be difficult and, because of the emaciation and weakened condition of the baby, the question as to the best thing to do, very annoying. The operation devised by Fredet, and generally known as Rammstedts', has been made popular by Downes of New York. It was this operation that was performed in this case.

Report of Case.—Baby B., male, first child, breast fed; birth normal; weight at birth not known; family and past history negative. The mother brought the child to Dr. C. B. Crawford because she said he was "ruptured" and because of constant vomiting, five to six times a day. The vomiting was projectal in character. It had begun when the baby was eight days old, gradually increasing in frequency until, at the time of application for treatment three weeks later, it was almost the constant sequela of each feeding. The stools, of which there were one to two a day, were small and thin. The baby was apparently hungry all the time and cried a great deal. Physical examination showed a baby fairly well nourished but slightly undersized for age; head, neck and chest negative; abdomen distended, but soft; peristalsis was visible in the epigastrium after giving a little sweetened water, which was soon vomited. A small, hard mass could be felt on deep palpation, slightly to right of midline, in epigastrium. There was a moderate-sized hydrocele of cord, which was the "rupture" the mother had complained of.

Operation.—A lavage was done just previous to going to operating room. The baby was wrapped in cotton and laid on covered hot-water bags. Ether anaesthesia. A high right rectus incision was made through which a markedly distended stomach bulged as soon as the peritoneal cavity was opened. The pylorus easily presented and was found to be pale, hard and contracted. A transverse incision was made across the anterior surface dividing the circular fibers down to the mucous membrane, great care being taken not to go through that coat, particularly at the duodenal end, where the thickened pylorus stops very abruptly and it is easy to get into the gut. The incision thus made was separated with clamps until the mucous membrane bulged into it. There was no bleeding. The stomach was not opened to make sure that the pylorus was patulous, as Downes did in his earlier cases, but later found to be unnecessary.

An effort was made to tuck the filmy omentum about the open wound left in the pylorus and the abdomen was closed in layers. Stout adhesive straps were used across the abdomen to relieve tension on sutures. The sutures were removed on the eighth day, when the baby went home.

The post operative progress is best shown in the chart which is an enlargement of one made out by Dr. Crawford, to whom the credit of diagnosis and after treatment is due.

The baby's weight gradually decreased until the third day after

operation, when it remained about the same until just before leaving the hospital, at the end of the week. Since then it has increased from eight to eleven ounces each week. There was no return of vomiting until the second week after the operation, when this symptom recurred several times but was easily controlled by lavage. The stools were the last to return to normal and only slowly changed from a more or less odorless meconial material to yellow stool.

The points of interest of this case are :

1. The vomiting appeared early.
2. The occlusion of the pylorus was progressive.
3. That an early diagnosis and institution of operative treatment before there was much emaciation apparently gave the most favorable prognosis.
4. That it is not necessary to demonstrate a patulous pylorus by opening into the stomach.
5. That the postoperative treatment is very important and had better be done in conjunction with the attending pediatrician.

Dr. W. P. Carr said that cases of this disorder are of more frequent occurrence than we are apt to think ; babies become ill of some unrecognized ailment and a death certificate follows, giving marasmus or some other ill-defined cause of death. There have been five or six of these cases operated on in Washington in the past few years. The diagnosis should be easy if the child is carefully observed ; the dilated stomach is usually evident and the peristaltic wave very marked. Some cases recover spontaneously, but the operation is so simple and the babies stand it so well that one ought not to wait long before doing it. He congratulated Dr. Marbury upon the successful issue in his case.

Dr. Frank Leech was much interested in the subject. As Dr. Carr had said, the diagnosis is easy in most cases, but there are a few instances in which it is very obscure, and in these cases x-ray studies will make the matter clear.

Dr. H. H. Kerr congratulated Dr. Marbury on bringing this matter to the attention of the Society. The early surgical method of treating this condition was to do gastro-enterostomy ; but the simple method described by Dr. Marbury and used by him in the case reported is a great improvement over the old. Details of two cases of stenosis which had come under Dr. Kerr's care were given.

Dr. J. S. Wall said that there are two reasons for failure to make a diagnosis in this condition—the persistent tendency of mothers to account for their babies' vomiting on the ground of disagreeing milk, and the failure to remove the belly-band when examining the babies. The high mortality of congenital stenosis of the pylorus is in part due to removal of these babies from the

breast and the consequent loss of the mother's ability to secrete milk when the baby needs it most.

Dr. Louise Tayler-Jones had had three cases of this disorder under her care in the past eighteen months, all of them presenting interesting features. The first made a spontaneous recovery after putting the baby on breast milk. The second was getting better of the stenosis when it died from general infection following circumcision. The third was intended for a model baby but developed spasms of the pylorus in spite of breast feeding; the baby had to be put on an artificial mixture, and after a stormy period made a satisfactory recovery. If a baby is able to produce stools of sufficient quantity there may be further efforts to bring it through without operation.

Dr. J. A. Talbott had seen six of these cases in the past few years; in most of them gastro-enterostomy was performed. He had been struck by the simplicity and rapidity with which the operation can be done; this contributes largely to the quick recoveries these babies make.

Dr. Marbury said that Dr. Carr had suggested pulling the serous coat over the opening made in the pyloric sphincter; he had tried this in his case, but the tissues seemed so hard that it was impossible to accomplish it. These cases seem to take care of themselves very well whether the incision is covered or not. He wondered if Dr. Tayler-Jones' cases were not cases of pyloro-spasm and not of pyloric hypertrophy.

REPORT OF DR. G. WYTHE COOK, DELEGATE OF THE MEDICAL SOCIETY TO THE AMERICAN MEDICAL ASSOCIATION.

In compliance with the requirements of the Society I herewith present my report as your Delegate to the American Medical Association.

The 67th annual session of the Association was held at Detroit, Mich., June 12-16, 1916, the House of Delegates meeting on Monday morning, June 12th. Dr. Wm. L. Rodman, the President, having died, Dr. Albert Vander Veer, of Albany, N. Y., first Vice President, became President, and presided, delivering an address.

Your delegate was appointed to the Reference Committee on Rules and Order of Business.

The report of the Secretary of the Association shows that this Society has 572 members, but of these only 364 are Fellows of the A. M. A. It would seem wise for us to urge our members to become Fellows. The report of the Trustees shows the financial condition of the Association to be good, the total income

being \$517,063.35. Total expenses, \$436,281.77. Net income, *Journal*, \$80,781.58.

Some important amendments were made to the by-laws. One of these will give the delegates a better opportunity to attend the scientific meetings. As formerly provided, the House of Delegates was in session while the scientific meetings were in progress. By the amendment the general meetings will be held on Tuesday evening instead of on Tuesday morning and section work will commence on Wednesday morning. The House of Delegates having had two full days for its business, the delegates will have an opportunity to attend the section meetings, a privilege they have not heretofore been able to enjoy as freely as they might like.

Another amendment that was adopted provides for the election of a Chairman and a Vice Chairman of the House of Delegates. They need not be members of the House, but must be Fellows of the A. M. A., and as they are supposed to be familiar with parliamentary usage, the business of the House of Delegates will be facilitated.

On the recommendation of the Judicial Council, the following amendment to the by-laws was adopted: "In all cases which arise (a) between a constituent association and one or more of its component county societies; (b) between component societies of the same constituent association; (c) between a member or members and the component society to which said member or members belong; and (d) between members of different component societies of the same constituent State association, the Judicial Council of the American Medical Association shall have appellate jurisdiction in questions of law and procedure but not of fact."

A Committee on Social Insurance, of which Dr. Alexander Lambert is chairman, reported a voluminous and exhaustive statistical study of facts of importance to the profession, which was approved by the House of Delegates, with the recommendation that each constituent association be requested to establish a committee to work in conjunction with the Committee on Social Insurance of the American Medical Association.

The Committee on Medical Education recommended that a year's internship in an approved hospital be made an essential part of a medical curriculum. This was adopted, as was also the recommendation that "after January 1st, 1918, no medical college be retained in Class A by the Council on Medical Education that does not require for admission at least two years of work in a college of arts and sciences approved by the Council, or in lieu thereof, an education equivalent to the above, as demonstrated by a fitting and properly conducted examination, approved by the Council."

The Council on Medical Education recommended the endorsement of the "National Board of Medical Examiners for the

United States" as at present constituted, with the following membership: Admiral W. C. Braisted, Surgeon General, U. S. Navy, President; Commander E. R. Stitt, U. S. Navy; Gen. W. C. Gorgas, representing the U. S. Army; Col. L. A. LaGarde, Treasurer, representing the U. S. Army; Surgeon General Rupert Blue, representing the Public Health Service; Assistant Surgeon General W. C. Rucker, representing the Public Health Service; Herbert Harlan, representing the Federation of State Medical Boards; Isadore Dyer, New Orleans; Victor C. Vaughan, Ann Harbor, Mich.; Henry Sewall, Denver; Louis B. Wilson, Rochester, Minn.; E. Wyllys Andrews, Chicago; Horace D. Arnold, Boston; Austin Flint, Jr., New York, and William L. Rodman, Philadelphia. This was approved by the House of Delegates. This Board is organized on a high plane, and it is hoped that its certificate will be accepted by all the medical examining boards.

The report of the Committee on Red Cross Work, of which committee Dr. Geo. M. Kober, of this Society, is chairman, was "unreservedly" adopted.

Dr. Chas. H. Mayo, of Rochester, Minn., was elected President, and New York City was chosen as the place of meeting in 1917.

Respectfully submitted,

(Signed) G. WYTHE COOK,
Delegate.

In Memoriam.

DR. ARTHUR LEROY HUNT.

Your committee appointed to draft resolutions upon the death of our late member and Corresponding Secretary, Dr. Arthur LeRoy Hunt, beg leave to present the following report:

Arthur LeRoy Hunt was born in Auburn, Maine, January 7, 1877; died in Washington, D. C., October 7, 1916. He was the son of Mr. and Mrs. E. L. R. Hunt, of Lewiston, Maine, to which city the family moved in 1880. He graduated from the Lewiston High School in 1894. He entered Bowdoin College the same year and was graduated with highest honors from that institution in 1898, being awarded the Phi Beta Kappa key. The following year he entered the employment of the U. S. Census Office at Washington, and entered the Medical School of Columbian University and graduated in 1905. While pursuing his medical studies he was private secretary to the late Senator Wm. P. Frye, of Maine, when he was acting Vice President. Later he became Senator Frye's physician, and made the last trip home to Lewiston with the Senator.

Following his graduation he served as interne at the George Washington Hospital until 1906, when he began private practice. He was married, June 14, 1916, to Miss Marie L. Seitz, of Washington, D. C., who survives him.

He was a member of the Alpha Delta Phi and of the Phi Chi Medical Fraternity. He was a member of the American Medical Association, the Medical Society of the District of Columbia, the Medical Society of Northern Virginia and the District of Columbia, the George Washington Medical Society, and the Hippocrates Society, of the last two of which he was at one time President.

He was on the out-patient department of the Children's and Episcopal Eye, Ear and Throat Hospitals.

Dr. Hunt began early to take an interest in the scientific administration of anaesthetics. At the time of his death he was official anaesthetist on the staffs of the Emergency and the Episcopal Eye, Ear and Throat Hospital. In addition to his official hospital connections he was widely sought for anaesthetic work by the profession generally.

In 1914 he was elected Corresponding Secretary of this Society, which office he held to the time of his death and administered in the thoroughly efficient manner with which we are all familiar. As a member of the Executive Committee of this Society he served as Secretary from the time of his election. His work in this body gave eminent satisfaction.

Dr. Hunt became connected, June 2, 1906, with the Health Department of the District of Columbia in the capacity of Inspector in the Contagious Disease Service, which office he filled with his characteristic efficiency until the onset of his last illness. During the last two or three months of his service in this department his duties compelled his frequent association with those who had come from districts where anterior poliomyelitis was prevalent. It is believed that exposure to a carrier of this disease was the cause of the infection which resulted in his death. He died October 7, 1916, after an illness of one week, from an acute fulminating attack of anterior poliomyelitis. His death came as a great shock and grief, not only to the members of the medical profession and his friends, but to the entire community where he was so widely known and loved.

Dr. Hunt was a man who was greatly beloved by all who knew him. His remarkable personality, genial disposition, and kindly, sympathetic nature, won promptly the friendship of all with whom he came in contact, and it was particularly his sympathetic responsiveness, in addition to his scientific efficiency, which won for him the prompt confidence of his patients.

Dr. Hunt was an indefatigable worker. He never engaged in anything that he failed to do in a thorough manner, and his work as Corresponding Secretary of the Medical Society was only one of the many evidences of this fact.

He showed great cheerfulness and courage throughout his last illness, which to us is only another evidence of his great strength of character.

WHEREAS, Inasmuch as it has pleased Almighty God in His wise Providence to remove from our midst our beloved fellow member, Arthur LeRoy Hunt, be it

Resolved, That in his untimely death the Medical Society of the District of Columbia has lost an honored member, an efficient officer, and a faithful friend, whose memory its members will always cherish. Be it further

Resolved, That these resolutions be spread upon the minutes of the Society, and copies of the same be sent to the bereaved widow and parents, together with the Society's expression of deep sympathy.*

Respectfully submitted,

(Signed) CHAS. M. BEALL,
FRANK LEECH,
R. ARTHUR HOOE,
Committee.

DR. EUGENE CHARLES CURTIS WINTER.

Dr. Eugene Charles Curtis Winter, youngest son of Thomas and Elizabeth Winter, was born in Petersville, Md., August 13, 1849. He was educated in the public schools, Barleywood Academy, and received an appointment to the Annapolis Naval Academy, but soon decided that he would prefer the study of medicine, and entered Howard University, from which he graduated, and since his graduation practiced in Washington, D. C. For a number of years he was physician to the poor and immediately after graduation was resident physician at the old Minor Hospital for Children.

He was twice married; by his first wife, Elizabeth Virginia (Garrett) Winter having six children and by his second, Blanche Helena (Yingling) Winter four. He was brother to Dr. John T. Winter, a practitioner of medicine well known in this city and to this Society. He was prominent in Masonic circles, being a member and Past Master of Washington Centennial Lodge, No. 14, F. A. A. M. He was also a member of Washington Chapter, No. 2, Royal Arch Masons; Washington Commandery, No. 1, Knights Templar, and Almas Temple of the Mystic Shrine.

While Dr. Winter's practice extended to all parts of the city he was perhaps best known in South Washington. He was warm hearted, impulsive, and a loyal friend, having the happy faculty of endearing himself to his patients, and we have heard many

*Unanimously adopted by the Medical Society December 6, 1916.

of them speak in the most affectionate terms of him. He did not spare himself in time nor energy in the care of his patients, and was always most indulgent to the poor. His diagnoses were made with great rapidity and treatment immediately instituted. In style, temperament and intuition he was a practitioner of the old school. A few years before his death he moved to Dominion Heights, Va., where he died March 20, 1916.

While we thus pause in the usual activities of this Society to briefly memorialize the life and good works of Dr. Winter, your committee requests that, by resolution, the family of Dr. Winter be informed of our action tonight and that this tribute be incorporated in the minutes of the Society.*

(Signed) H. T. A. LEMON,
R. T. HOLDEN,
GEORGE R. SORRELL,
Committee.

DR. ALLEN WALKER.

Dr. Allen Walker was born in Leeds, England, in 1852. In 1881 he married Miss Marshall of the same place. They at once came to this country. Dr. Walker graduated at the University of Maryland in 1884, and was for one year interne in the University Hospital. Thereafter, he practiced medicine in Washington. Dr. Walker throughout his professional life was a member of the American Medical Association.

WHEREAS, Dr. Allen Walker, a member of this Society, departed this life February 21, 1916, therefore be it

Resolved, That the Society deeply regrets the loss of one who had been so long connected with it.

Resolved, That our sympathy and condolence be extended to his family, and that a copy of these resolutions be sent to them.†

(Signed) JNO. T. COLE,
LEWIS C. ECKER,
CHAS. L. WATERS,
Committee.

DR. ROBERT L. LYNCH.

It becomes our sad duty to record the death of our fellow member and coworker, Dr. Robert L. Lynch, whose untimely death occurred on March 27, 1916. He was born in Ohio, and came to Washington with his parents when five years old, and had been

* Adopted by the Medical Society November 15, 1916.

† Adopted by the Medical Society November 8, 1916.

a resident of Washington, D. C., ever since. He became interested in medical subjects early in his school career, and studied pharmacy, graduating from the National College of Pharmacy in 1886. He then studied medicine and obtained his degree from the Medical Department of Columbian University in 1896. He served as interne in the Garfield Hospital for a year, and after this he began the practice of medicine here. Two years after he had completed his studies he became identified with the health activities of the District as one of the physicians to the poor, and was later promoted and appointed as Sanitary Inspector in the Health Department.

His service in the Health Department was extensive in its scope, having served both in the sanitary and contagious disease services. His wide experiences incident to the duties in these services, taken together with his previous training in pharmacy and chemistry, fitted and prepared him for promotion as chemist and analyst for the Health Department, to which office he was promoted in 1906.

He was careful and painstaking, conscientious to an exceptional degree in his duties, both official and in private practice. He possessed a special aptitude for the work in the chosen field of analytical chemistry, made more complete by reason of his training in pharmacy and medicine, and being thus so peculiarly qualified, made his work so valuable to the Health Department in maintaining the legal standards for purity of our foods and drugs.

He had also a special liking for forensic medicine, and by his skill and sound judgment and accurate determinations, he was ever in demand by the officers of the law department in their medico-legal prosecutions.

In the ordinary walks of life he was a genial, companionable man, of retiring disposition, kind and considerate in all things, a man of few friends, but fast friends, upright in all his dealings, a devoted husband, a kind father, and an upright citizen.

As a physician he was well versed in medicine, careful and conscientious in all the duties that our profession imposes, holding always to its highest ideals, and loyal to the traditions of service to both his patient and his colleagues, and to the public.

He evaded none of his responsibilities, but was ever ready and willing to respond to this call of duty, it mattered not when or where. He was a martyr to his calling, for even when he had become aware of the precarious condition of his health, it did not in any way deter him from his ministration to the sick.

His sudden and untimely taking away was caused by an attack of malignant pneumonia, which was contracted from a case which he was attending.

The demise of such a man as Dr. Lynch is a great loss to our profession and to the community. As a tribute of esteem, ad-

miration and respect to our departed member, your committee wishes to place on record this small and inadequate testimonial to the character of Dr. Lynch.*

(Signed) J. J. KINYOUN,
W. C. FOWLER,
FRANK LEECH,
Committee.

PROCEEDINGS OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

Wednesday, November 1, 1916.—The President, Dr. E. Y. Davidson, presided; about 97 members present.

The Treasurer presented his report for October, showing Receipts, \$215.00; Disbursed, \$167.50.

The following appropriations were made: printing cards, \$44.66; expenses, Corresponding Secretary, \$1.22.

The names of the following applicants for membership were presented:

For active membership: John Wilson Hopkins, George Washington University, 1908; John Edward Lind, George Washington University, 1909; Horace Fred'k Wm. Warden, M. R. C. S. and L. R. C. P., London, 1913; Thomas Verner Moore, Johns Hopkins University, 1915; Marcus Ward Lyon, Jr., George Washington University, 1902; Nelson DuVal Brecht, George Washington University, 1906; Harry Willis Miller, American Medical Missionary College, 1902; Eugene Clarence Rice, Jr., George Washington University, 1916; Arthur George Compton, George Washington University, 1907.

For associate membership: Harvey W. Wiley, 2345 Ashmead Place, City; Arthur Howard McCray, Somerset, Md.; James Payton Leake, U. S. Public Health Service; Roger Brooke, Major, M. C., U. S. Army.

Dr. G. Wythe Cook, Delegate to the American Medical Association, presented his report. The report was received and ordered to be filed; the thanks of the Society were extended to the delegate. See page 30.

Dr. Cook, for the Executive Committee, reported on the following matter, referred to that Committee:

(a) Request of the American Medical Association for the appointment of a local committee for coöperation with the Central Committee on Social Insurance. A subcommittee of the Executive Committee was appointed for this purpose.

(b) Suggestion of the Chamber of Commerce that the Society

* Adopted by the Medical Society December 13, 1916.

join in an invitation to the American Public Health Association to meet in this city in 1917 or 1918. The committee recommended that in view of plans of the Society already made this suggestion be not concurred in.

(c) Advice of counsel that the Chairman of the Executive Committee sign a proposed letter calling the District Attorney's attention to the fact that T. J. Kemp is still engaged in the practice of medicine. The committee recommended that its chairman be instructed to sign the letter. Recommendation *b* was adopted.

With regard to recommendation *c*, it was ordered that the matter be recommitted to the Executive Committee with instructions to confer with counsel, to ascertain whether there is sufficient evidence available to justify the Society going further in the matter, and report back to the Society.

The following applicants for active membership were elected :

William Elmo Turton, Georgetown University, 1908 ; Clifton Robert Wallace, George Washington University, 1904 ; Max Eugen Wall, Univ. of Munich, 1883 ; Univ. of Melbourne, 1901 ; Maximilian Christian Wall, Guy's Hospital, London, 1911.

Dr. J. B. Nichols, Chairman of the Centennial Committee, reported that the committee had fixed upon September 26, 1917, as the date of the founding of the Society, but that it seemed desirable to celebrate the centennial of the founding later, and the second week in October, 1917, had been chosen. The committee desired that the President of the Society be added to the committee. There being no objection, this addition was made.

The following amendment to the Constitution, recommended by the Executive Committee October 4, was proposed, to be acted on at the January stated meeting : Amend Art. V, Sec. 15, of the Constitution, by substituting for the words " any three members," the words " the Executive Committee."

Drs. J. Lawn Thompson and W. H. Hough reported a case of Cerebral Arteriosclerosis. Discussed by Drs. Williams, T. C. Martin, Nichols, W. T. Davis, A. B. Hooe, Thompson and Hough.

Dr. Wm. J. Mallory read the paper for the evening, entitled : Acidosis and Renal Insufficiency. Discussed by Drs. Williams, W. P. Carr, Hagner, Lowe, Chipman, E. L. Morgan, Nichols and Mallory. See page 11.

Wednesday, November 8.—President Davidson presided ; about 70 members present.

The Program Committee was authorized to invite Dr. J. Bently Squiers to address the Society, and the action of the Program Committee in inviting Dr. Wm. M. Lee, of Philadelphia, to address the Society, was approved.

A report of a Memorial Committee, embodying resolutions of

respect to the memory of the late Dr. Allen Walker, was read and adopted. See page 35.

A letter from the Joint Conventions Committee of the Trades Bodies, suggesting the invitation of the Southern Medical Association to meet in this city, was referred to the Executive Committee.

Dr. Patten reported two cases of Unusual Foreign Bodies in the Larynx and Esophagus. Dr. Selby exhibited x-ray plates of one of the cases.

Dr. D. S. Lamb exhibited the following specimens: (1) Tongue and larynx, with plug of beef which caused death. (2) Piece of hard rubber from dental plate, removed from esophagus by operation. (3) Iron staple from esophagus of child.

Dr. W. D. Tewksbury read a paper entitled: Acute Abscess of the Lung, treated by Artificial Pneumothorax, with report of cases. Discussed by Drs. C. W. Richardson, Groover, W. P. Carr, Roy, C. S. White, Selby, Kober and Tewksbury.

Dr. William E. Lee, of Philadelphia, addressed the Society on Experiences with the American Ambulance in France; illustrated with lantern slides. A rising vote of thanks was given him for his entertaining address.

Wednesday, November 15.—President Davidson presided; about 80 members present.

Dr. H. T. A. Lemon, for a Memorial Committee, presented a biographical sketch and an appreciation of the late Dr. E. C. C. Winter. The report was adopted, and the Corresponding Secretary was instructed to send a copy to the family of Dr. Winter. See page 34.

Dr. John Constas reported a case of Spurious Hermaphroditism, with partial correction by plastic operation. The patient was presented. Discussed by Drs. Hagner, Vaughan, H. A. Fowler and Constas. See page 19.

Dr. Adam Kemble reported (1) A case of Bilateral Cystic Dilatation of the Ureteral Orifices; and (2) A case of Foreign Body in the Bladder. Discussed by Drs. H. A. Fowler, Hagner and Kemble. See page 20.

Dr. F. R. Hagner reported a case of Polycystic Degeneration of the Kidneys, with specimens. Discussed by Drs. Brown Miller, Glascok, Davidson and Hagner.

Dr. T. C. Martin exhibited an improved Bandage for Visceroptosis, with remarks on the diagnosis of that condition. Discussed by Drs. Sprigg, Neill, Mallory, Brown Miller and Martin.

Wednesday, November 22.—President Davidson presided; about 65 members present.

The bill for the November ANNALS, \$154.36, was ordered paid.

The Corresponding Secretary was instructed to communicate

to Dr. L. J. Battle a request from Col. R. N. Harper, addressed to the President of the Society, that Dr. Battle be designated Chairman of Committee on Medical Service for the approaching reunion of Confederate Veterans, and to say that the Society would appreciate Dr. Battle's undertaking this work if agreeable to him.

Dr. W. B. Marbury reported a case of Congenital Pyloric Stenosis, cured by operation in the 5th week. Discussed by Drs. W. P. Carr, Frank Leech, H. H. Kerr, J. S. Wall, Tayler-Jones, Talbott and Marbury. See page 27.

Dr. W. J. French addressed the Society on the Control of Diphtheria Epidemics in Institutions. Discussed by Drs. J. Lawn Thompson, Frank Leech, R. B. Karpeles, Kober, Donnally, S. S. Adams, Woodward, Kinyoun, Wall and French.

Wednesday, November 29.—President Davidson presided ; about 60 members present.

Dr. W. P. Carr reported a case of Fracture of Femur, illustrating a new method of treatment. He demonstrated also a fracture table constructed by himself. Discussed by Drs. Wellington, Chipman and Carr. See page 23.

Dr. W. C. Woodward read the paper for the evening, entitled : Analysis of Birth Registration in the District of Columbia. Discussed by Drs. Prentiss Willson, Harrington, Kober and Woodward.

Wednesday, December 6.—President Davidson presided ; about 130 members present.

The Treasurer was authorized to pay the following bills : For repair of Recording Secretary's typewriter, \$11.00 ; for postal notices for November meetings, \$53.56. He was also authorized to transfer to the Army Medical Museum the iron safe belonging to the Society, and to incur the necessary expense of making the transfer.

Dr. G. Wythe Cook, for the Executive Committee, made the following recommendations :

(a) That members endorsing applicants for membership should see that such applicants confirm their election by the payment of the entrance fee and by signing the required agreement within the time provided in the constitution, and that the Recording Secretary be advised to send a blank form of agreement to newly elected members so that this formality may be transacted by mail.

(b) That the constitution be amended as follows : Art. V, Sec. 13, strike out "and members of the dental, pharmaceutical and veterinary professions."

Dr. Frank Leech, for a Memorial Committee, read a biographical sketch of the life of Dr. A. L. Hunt and proposed resolu-

tions of respect to his memory. The report and resolutions were unanimously adopted. See page 32.

Dr. Leech also called to the attention of members the long and hopeless illness of Dr. Dwight G. Smith and invited such as might feel inclined, to contribute to the relief of Dr. Smith and his wife.

The following officers were elected to serve for 1917 :

President, Dr. G. Wythe Cook ; 1st Vice President, Dr. C. M. Beall ; 2d Vice President, Dr. M. H. Prosperi ; Recording Secretary, Dr. H. C. Macatee ; Corresponding Secretary, Dr. J. Lawn Thompson ; Treasurer, Dr. C. W. Franzoni ; Executive Committee, Drs. E. Y. Davidson, J. B. Nichols and A. L. Stavelly ; Vice President of Washington Academy of Science, Dr. G. Wythe Cook.

Dr. G. Wythe Cook tendered his resignation as Delegate to the American Medical Association, and nominated Dr. P. S. Roy to succeed him. On motion of Dr. Roy the resignation was laid on the table.

The Chair announced the appointment of Dr. J. Lawn Thompson to the Centennial Committee, vice A. L. Hunt, deceased.

Wednesday, December 13.—President Davidson presided ; about 70 members present.

Dr. Chas. W. Richardson, Chairman of the Committee on the "Cook" Dinner, submitted a report showing that all bills had been paid and a balance of \$8.33 was covered into the treasury of the Society. The report was received and the committee discharged, with the thanks of the Society.

The Treasurer submitted his report for November, showing receipts, \$139.00 ; disbursements, \$210.24.

The resignation of Dr. F. E. Harrington from active membership was accepted.

Dr. J. J. Kinyoun, for a committee, submitted a memorial to the late Dr. Robert L. Lynch. The report was unanimously adopted and ordered recorded. See page 35.

The First Vice President, Dr. Rogers, took the chair and the President read his address to the Society. See page 1.

The address was referred to the Executive Committee for its consideration of the several recommendations made therein, and the thanks of the Society were extended to Dr. Davidson for the ability with which he had discharged the duties and obligations of the President's office.

THE WORST OF ALL. — "What is worse than having the earache and toothache at the same time?"

"Having rheumatism and St. Vitus dance both at once."—*Ex.*

WASHINGTON MEDICAL ANNALS.

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2114 Eighteenth St., N. W.
Associate Editors.

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W. B. CARR, M. D.,	1418 L Street, N. W.
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Editorial.

HISTORY OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.—Price \$1.00, with 25 cents added if delivered in this city or sent by mail. Address Dr. C. W. Franzoni, 605 I Street, N. W. The books are in the custody of Dr. D. S. Lamb, at the Army Medical Museum.

THE WASHINGTON MEDICAL ANNALS, the official organ of the Medical Society of the District of Columbia, issued the first of January, March, May, July, September and November, will publish gratuitously such information of a medical, surgical and sanitary character, changes in personnel, &c., of hospitals, dispensaries, medical schools, medical societies and other medical agencies, as would be useful and interesting to the members of the Society. Address the Chairman of the Committee on Publication.

THE WASHINGTON MEDICAL ANNALS.—Back numbers.—Members of the Society who have back numbers of the ANNALS, and do not intend to preserve them, are requested to send them to the Chairman of the Publication Committee. Requests for such numbers are frequently received.

ADVERTISEMENTS.—Attention is invited to the advertisements in this issue. All the advertisers are reliable and responsible. It is suggested that they be given preference.

The 550 members of the Society by a little effort could largely increase the number of advertisements. Dr. Frankland is the member of the Committee on Publication who has charge of this matter.

THE OTHER MEDICAL SOCIETIES OF THE DISTRICT OF COLUMBIA.

CASUALTY HOSPITAL MEDICAL SOCIETY.—Meets on the first Friday in October, December, February and April. President, C. B. Conklin; vice president, L. R. Schreiber; secretary, S. B. Pole; treasurer, W. P. Wood. It is composed of the following members: C. S. White, J. R. Wellington, H. Warner, A. P. Tibbets, W. C. Sparks, J. I. Sloat, H. L. Shinn, J. D. Rogers, W. P. Reeves, A. E. Pagan, C. J. Murphy, J. J. Mundell, F. V. Mere-wether, E. M. Miller, J. C. Blackistone, N. P. Barnes, C. C. Marbury, J. J. Madigan, D. O. Leech, H. Jeager, W. H. Huntington, R. M. LeComte, A. C. Gray, W. A. Frankland, R. F. Dunmire, F. Y. Donn, J. H. Diggs, G. C. Clark, S. Bricker, F. W. Braden, L. K. Beatty, F. V. Atkinson.

The object of the Society is to Promote the welfare of the Casualty Hospital and Eastern Dispensary.

CLINICAL SOCIETY.—Officers: W. J. Mallory, President; H. H. Donnally, Vice President; Wm. T. Davis, Secretary-Treasurer; Censors: J. D. Thomas and L. A. Johnson.

CLINICO-PATHOLOGICAL SOCIETY.—Active membership limited to 25. Inactive membership: those who have withdrawn from active membership after fifteen years. A limited honorary membership of eminent medical men. Meets on the first and third Tuesdays of the month from October to May, inclusive. Officers: President, G. Brown Miller; Vice Presidents, Loren Johnson and H. H. Kerr; Secretary and Treasurer, B. M. Randolph.

EMERGENCY HOSPITAL CLUB.—The club was organized early in 1915 by the members of the Staff of the Central Dispensary and Emergency Hospital. Meetings are held on the second Saturday of each month from September to May, inclusive; the officers are ———, President; W. B. Carr, Vice President; D. W. Prentiss, Secretary and Treasurer.

FREEDMEN'S HOSPITAL MEDICAL SOCIETY.—Meets on the second Wednesday of each month from October to May, inclusive. Composed of physicians connected with the Staff of the Hospital and the Medical Faculty of Howard Medical School. Collins Marshall, President; C. A. Brooks, Vice President; C. A. Allen, Secretary-Treasurer.

GALEN SOCIETY of the District of Columbia. Organized September, 1909.—E. C. Wilson, President; C. S. White, Vice President; E. W. Titus, Secretary-Treasurer. The membership is limited to twenty-five. The Society meets on the first Monday after the third Sunday of each month from October to May inclusive.

GEORGETOWN CLINICAL SOCIETY; twenty-five active members, limited to graduates of the Medical Department of Georgetown University. Meets at the University Club on the third Tuesday in the month. John Foote, President; J. Russell Verbrycke, Jr., Treasurer.

GEORGETOWN UNIVERSITY MEDICAL SOCIETY.—Meets on the fourth Saturday of the month at the University Hospital. The membership consists of the Alumni, Faculty and Senior Students of the Medical School. J. A. Gannon, President; T. F. Lowe, Vice President; J. M. Moser, Secretary-Treasurer.

GEORGE WASHINGTON UNIVERSITY MEDICAL SOCIETY.—Organized 1905; membership limited to Alumni of School and Members of the Faculty. Meets in the Medical Building on the third Saturday of each month from October to May. President, E. P. Copeland; Vice President, W. H. Huntington; Treasurer, E. G. Seibert; Secretary, C. B. Conklin; President's Council, J. B. Nichols, W. W. Wilkinson, J. Lawn Thompson, John Van Rensselaer. Active membership, 162.

HIPPOCRATES SOCIETY; membership limited to 25, with voluntary retired members after 10 years; meets on the second Thursday of the month from October to May. Officers for the year: J. R. Verbrycke, Jr., President; C. A. Simpson, Secretary.

MEDICAL HISTORY CLUB of Washington, D. C.—Officers: President, J. B. Nichols; Vice President, John Foote; Secretary, F. J. Stockman; Executive Committee, Frank Baker, F. H. Garrison, C. A. Pfender and the Officers. Members: Truman Abbe, Frank Baker, W. C. Borden, J. H. Bryan, G. Wythe Cook, John Foote, F. H. Garrison, Howard Hume, H. W. Lawson, W. J. Mallory, J. B. Nichols, C. A. Pfender, P. S. Roy, W. C. Rucker, F. J. Stockman, I. S. Stone, W. A. White.

Program for 1916-1917.

<i>Date.</i>	<i>Essayist.</i>	<i>Host.</i>
January 27.....	"Historical Development of..... Knowledge of the Circu- lation"..... Dr. Roy.	Dr. Roy, 1200 Massachusetts Avenue.
February 24....	"The History of First Aid"..... Dr. Rucker.	Dr. Mallory, 1720 Connecticut Ave.
March 31.....	"Pasteur's Relation to..... Surgery"..... Dr. Borden.	Dr. Nichols, 1321 Rhode Island Ave.
April 25.....	"American Achievements in..... Medicine"..... Dr. Nichols.	Medical Society of the District of Columbia.

MEDICAL AND SURGICAL SOCIETY of the District of Columbia.—President, E. P. Copeland; Vice President, H. H. Kerr; Secretary and Treasurer, L. Eliot; Asst. Secretary, J. H. Talbott; Executive Council, John Dunlop, H. P. Parker, H. G.

Fuller, L. H. Reichelderfer and Eliot. The Society membership is limited to 25 active members; 10 honorary members; and inactive members, those who have completed a term of ten years service. The meetings are held on the first Thursday in each month from October to May.

SOCIETY OF MEDICAL JURISPRUDENCE, Washington, D. C.—President, Dr. D. P. Hickling; Vice President, J. M. Kenyon; Secretary-Treasurer, Spencer Gordon. Meets on the second Monday of each month from October to June at University Club. Has from forty to fifty members.

SOCIETY OF OPHTHALMOLOGISTS AND OTOLOGISTS, Washington, D. C., meets the third Friday of each month from October until May, inclusive. Officers: President, A. H. Kimball; Vice President, Mead Moore; Secy.-Treasurer, Carl Henning, The Rochambeau. Active members: A. B. Bennett, Jr., J. W. Burke, V. Dabney, W. T. Davis, L. S. Greene, C. M. Hammett, Carl Henning, W. H. Huntington, E. B. Jones, A. H. Kimball, R. S. Lamb, F. B. Loring, O. A. M. McKimmie, W. B. Mason, M. E. Miller, Mead Moore, S. B. Muncaster, W. S. Newell, J. J. Richardson, G. S. Saffold, E. G. Seibert, E. A. Taylor, R. R. Walker, W. A. Wells. Inactive members: J. H. Bryan, W. K. Butler, Wm. H. Fox, W. P. Malone, H. A. Polkinhorn, C. W. Richardson, D. K. Shute, W. H. Wilmer. Associate Member: T. C. Lyster, U. S. Army.

SOCIETY FOR MENTAL HYGIENE of the District of Columbia.—Board of Directors: Miss Cornelia Aldis, Surg. Gen. Rupert Blue, P. H. S., Gen. L. E. Coffey, Chief Justice J. H. Covington, Frederick A. Fenning, Lieut. Col. H. C. Fisher, U. S. A., Dr. D. Percy Hickling, Mrs. Archibald Hopkins, Dr. Loren B. T. Johnson, Miss Bessie Kibbey, Dr. George M. Kober, Miss Julia Lathrop, Dr. Frank Leech, Mrs. John McLaughlin, Hon. Stephen P. Mather, Mrs. Wesley Merritt, Mrs. Seaton Perry, Miss Janet Richards, Hon. Cuno H. Rudolph, Mrs. Geo. H. Schiebly, Miss Nellie Sedgley, Mrs. Henry G. Sharp, Mrs. George Sutherland, Mrs. Carl Vrooman, Mrs. Norman Williams, Dr. Wm. A. White, Hon. Simon Wolf, Dr. Wm. C. Woodward, Mrs. Paul Worburg.

President, Gen. Rupert Blue; Vice President, Cuno H. Rudolph; Treasurer, Miss Nellie Sedgley; Dr. Wm. A. White, Chairman Executive Committee; Dr. D. Percy Hickling, Secretary. Chief objects of the committee: To work for the conservation of mental health; for the prevention of mental disease and mental deficiency and for the improvement in the care and treatment of those suffering from nervous or mental diseases or mental deficiency.

SOCIETY OF SOCIAL HYGIENE, Washington, D. C.—President, Dr. Charles F. Stokes, U. S. Navy; Secretary, Lt. Col. J. R. Kean, U. S. Army, Surgeon General's Office. The Society has four committees, namely: Education, Venereal Diseases, Protection of Women and Children, and Psychopathology. Yearly dues, \$1.00. Persons desiring to become members should address Col. Kean and state to which committee they wish to be assigned.

THERAPEUTIC SOCIETY of the District of Columbia.—Meets at the G. W. School of Pharmacy, 808 I Street, N. W., on the first Saturday in each month. E. W. Burch President; A. P. Tibbets, Secretary.

WALTER REED MEDICAL SOCIETY meets on the fourth Thursday of every other month, from September to May inclusive. Composed of physicians located in the eastern part of Washington. J. S. Arnold, President; H. R. Schreiber, Vice President; M. H. Prosperi, Secretary; N. E. Webb, Treasurer.

WASHINGTON MEDICAL AND SURGICAL SOCIETY.—President, ————; Vice President, R. R. Walker; Secretary, Walter Van Sweringen; Treasurer, F. E. Gibson; Curator and Librarian, E. H. Egbert; Executive Committee: L. H. Taylor, Chairman, G. S. Clark, G. S. Barnhart; Program and Auditing Committee: Wm. A. Jack, Jr., Chairman, J. R. Nevitt, Walter Van Sweringen; Membership Committee: F. E. Gibson, Chairman, Wm. P. Reeves, Caryl Burbank.

WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY.—President, J. F. Moran; Vice Presidents, G. B. Miller, Prentiss Willson; Secretary, Truman Abbe; Treasurer, D. W. Prentiss. Retired members—G. N. Acker, S. S. Adams, E. A. Balloch, J. W. Bovée, W. S. Bowen, W. P. Carr, G. Wythe Cook, M. F. Cuthbert, H. D. Fry, J. T. Johnson, D. G. Lewis, A. R. Shands, E. E. Morse, Elmer Sothoron, J. Ford Thompson, John Van Rensselaer.

WASHINGTON PSYCHOANALYTIC SOCIETY.—Meets the second Saturday of each month, from October to May, inclusive. Officers: President, Edward J. Kempf; Vice President, Robert Sheehan, U. S. N.; Secretary and Treasurer, Dr. Mary O'Malley. Program Committee: Robert Sheehan, U. S. N., Dr. D. Percy Hickling and John E. Lind.

WASHINGTON SOCIETY OF NERVOUS AND MENTAL DISEASES.—President, W. M. Barton; Vice President, Edward Kempf; Secretary-Treasurer, J. J. Madigan. Program Committee; John Lind, Carl Henning and J. J. Madigan. The Society has

a limited membership of thirty, but welcomes Physicians and Surgeons interested in Neurology and Psychiatry. Meets monthly on the third Thursday at the Cosmos Club or a member's residence.

THE WASHINGTON SURGICAL SOCIETY.—Meets at 1621 Conn. Ave. the third Friday of the month at 8 P. M. The officers are H. A. Fowler, President; D. W. Prentiss and Walter Webb, Vice Presidents; H. G. Fuller, Secretary, and J. A. Gannon, Treasurer. Members of Council, H. D. Fry, J. F. Moran and the officers.

WOMEN'S MEDICAL SOCIETY of the District of Columbia. —President, Emma Lootz Erving; Vice President, Louisa M. Blake; Secretary and Treasurer, Martha M. B. Lyon; Corresponding Secretary, Mary Holmes.

THE SECRETARIES of the other Medical Societies of this District are reminded that the **ANNALS** will publish the schedules of their meetings.

AMENDMENTS TO THE CONSTITUTION AND BY-LAWS.—The following amendments have been made since the publication in Volume XII, March, 1913.

Constitution.—Article V, Section 4, adopted Nov. 4, 1914: before the words "Due notice" on page 142, insert "No application for membership that is rejected or withdrawn shall be renewed until after two years from the time of its rejection or withdrawal."

Section 10, same article; adopted Jan. 7, 1914: for "two years" substitute "one year." At the end of the section, add the words "Members so dropped may, after report by the Committee of Censors, be reinstated by the Society upon the payment of arrears in dues." Adopted March 1, 1916.

Article VI, Section 5, adopted Jan. 6, 1915: in the last line, for "two" substitute "three."

Article VIII, Section 2, page 148, 4th line from top: for the word "disorders" substitute the word "diseases."

Article IX, Section 2, first line, for the word "four" substitute "five." Adopted March 1, 1916.

By-Laws.—Article VIII, Section 9, page 153, adopted Jan. 7, 1914: No member of the Staff of any hospital receiving patients in private rooms shall attend such private patient sent to the hospital by a member of the Society, not a member of the Staff, unless specifically requested to do so by the attending physician.

Please note that the figures in Sections 7 and 8 of this article, instead of being 7 and 8 should be 5 and 6.

SOME SPECIAL COMMITTEES OF THE SOCIETY:

On First Aid Conference.—Drs. C. S. White, H. H. Kerr and W. P. Reeves.

On National Legislative Committee.—Dr. L. B. T. Johnson.

On Regulation for Control of Contagious Diseases.—Drs. Frank Leech, H. H. Donnally, S. S. Adams, W. C. Woodward, N. P. Barnes, J. S. Wall and L. B. T. Johnson.

On Meeting Place of Society.—Drs. G. Wythe Cook, A. B. Hooe, A. R. Shands and J. D. Thomas.

On American Red Cross.—Drs. L. H. Reichelderfer and L. B. T. Johnson

Memorial Committees.—On the death of Dr. Lynch: Drs. Kinyoun, Frank Leech and W. C. Fowler. On the death of Dr. King: Drs. Marshall, H. A. Fowler and Malone. On the death of Dr. Brooks: Drs. Bovée, D. O. Leech and C. W. Richardson. On the death of Dr. Woodman: Drs. Clark, Kerr and Jaeger.

On Social Insurance:

Centennial Committee.—Dr. Nichols, Chairman; Drs. E. Y. Davidson, D. S. Lamb, G. Wythe Cook, Roy, W. P. Carr, Kober, Boswell, Tayler-Jones, Macatee, S. S. Adams, Chas. Richardson, A. B. Hooe, J. D. Thomas and Frank Hagner.

Committee on Cancer.—Drs. Karpeles, Frank Hagner, Balloch, W. C. Borden, W. P. Carr, Vaughan, J. F. Mitchell, Sprigg, C. W. Richardson, Gannon and Abbe.

Committee on Control of the Tuberculous: Drs. Frank Leech, Wall, G. Wythe Cook, Roy, J. Lawn Thompson, Nichols and Barton.

THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION has begun the publication of a Medical Journal, called the *Mississippi Valley Medical Journal*, replacing the Louisville Monthly Journal of Medicine and Surgery.

NAVY DEPARTMENT, Report of the Secretary for the year ending June 30, 1916, but bringing information down to December 1. An interesting statement, as showing the high state of health in the personnel of the Navy, is the fact that the mortality for the year was 4.48 per thousand, while in civil life, for the corresponding ages, the mortality is 8 per thousand. Over one-sixth of the deaths in the Navy were from drowning, including the 21 men who went down with the *F-4*. The mortality from tuberculosis, for the ages 15 to 60, in the Navy was 11 per cent., while in civil life, the corresponding ages, it was 30 per cent.

THE FORSYTH DENTAL INFIRMARY FOR CHILDREN, 140 The Fenway, Boston, Mass., asks us to announce that it has established a Library and Museum, intended to preserve the results of the experiments and discoveries that are daily made there. The clinic is said to be the greatest dental clinic in the world. It asks especially for old dental journals and dental specimens and for suggestions.

HEROIN. The Committee on Drug Addiction of the National Committee on Prisons has passed a resolution that in its opinion heroin is of no real value in the practice of medicine, and that its place may be better taken by more efficacious agents that do not menace public welfare. The committee recommends federal legislation to prevent the importation, manufacture and sale of heroin in the United States.

REVIEWS.

SOME OBSERVATIONS ON OSSIFICATION OF BONES OF HAND. By J. W. PRYOR, M. D., Professor of Anatomy and Physiology, University of Kentucky. Bulletin of the University, November, 1916; 67 pages, profusely illustrated.

This is a report of results of x-ray examination of 554 children living, between 3 months and 14 years; over 200 were under 7 years. He drew the following conclusions: ossification begins in the bones of the hand sooner than usually supposed; sooner in the female than the male, by days, months and years; as a rule, sooner in the first child than in subsequent children; is bilaterally symmetrical; is a heritable trait. Union of the epiphyses with the shaft also begins sooner than usually stated. The average order in which the carpal bones begin to ossify is as follows: Magnum, unciform, cuneiform, semilunar, scaphoid, trapezoid, trapezium and pisiform. The article is especially valuable to anatomists.—D. S. LAMB.

THE LEGACY OF TOBACCO. By ROBERT ABBE, M. D., New York City.—This consists of three articles reprinted from the *New York Medical Journal* and *Medical Record*, N. Y. They are entitled respectively: Cancer of the mouth, the Tobacco Habit and Legacy of the Intemperate use of Tobacco. Dr. Abbe appears to be himself a user of tobacco, so that if there is any partisanship it must be on the side of tobacco. He makes a strong argument, however, against its use. Especially in the first article, he states that during the previous eighteen months he had seen 100 cases of cancer of the mouth. Of these, 36 were cancer of the tongue, 15 cancer of cheek, 21 of the gum, 14 of the lip and 14 of the throat. Of the 100, 10 were women, and 90 men. Of the men 89 were heavy smokers, 3 to 20 cigars daily, or one or two packages of cigarettes, or a pipe, or chewed tobacco. The 90th man had cancer of lip after injury. One woman smoked a package of cigarettes daily; another rubbed snuff on her tongue. The entire group of papers is very interesting, and should serve as a warning to those who use tobacco intemperately; that is, provided that there is such a thing as a temperate use.—D. S. LAMB.

SKIN CANCER ; by H. H. HAZEN, M. D., Washington, D. C.; 251 pages, 97 text illustrations, one colored frontispiece. Price \$4.00. C. V. MOSBY AND CO., St. Louis, Mo.

An excellent book for the student, the physician and surgeon; well arranged; to the point; without unnecessary length yet quite comprehensive. His analysis of treatment particularly good. He truly says that prompt, early surgery ranks first; the x-ray properly used takes second place; the use of radium is in many cases hurtful. There seems to be a future for radium in selected cases. The author is to be congratulated on both what he says and the way he says it.—W. B. CARR.

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RECENT PUBLICATIONS OF PHYSICIANS OF THE
DISTRICT OF COLUMBIA.

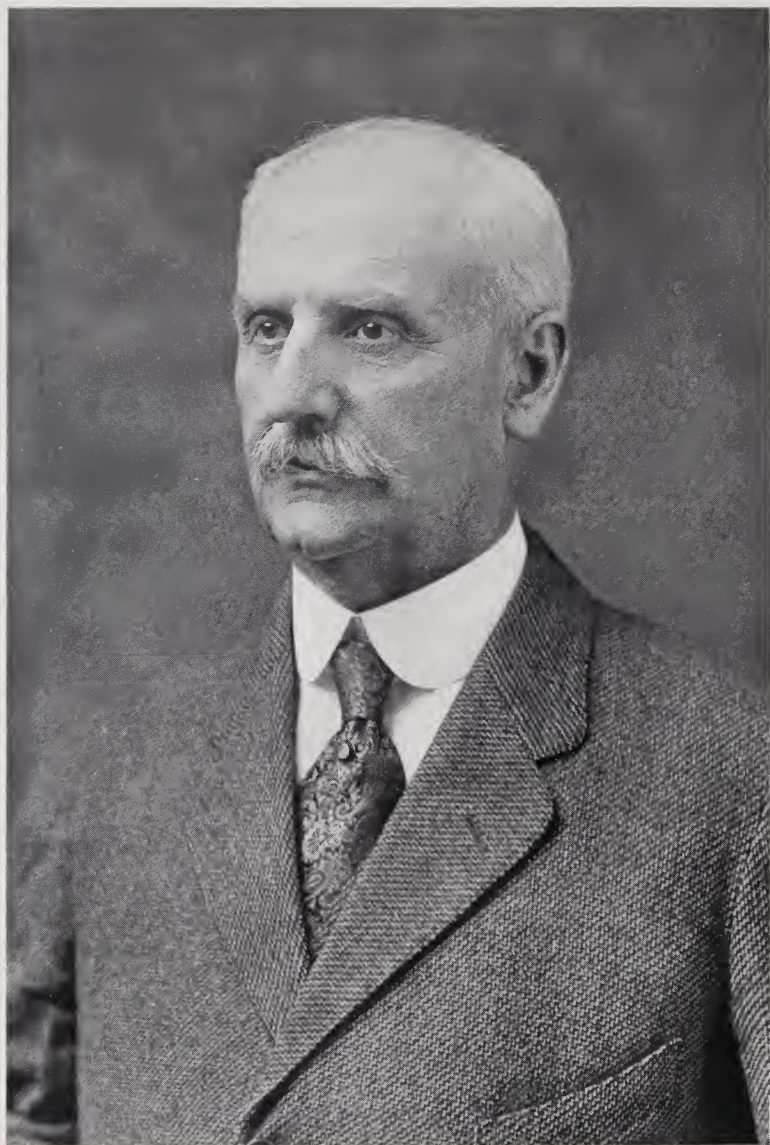
- N. P. Barnes; Focal points of infection; *N. Y. Med. Jour.*, Oct. 21, 729.
- J. W. Bovée; The influence of luetic infection in gynecology and obstetrics; *N. Y. State Jour. Med.*, December, 569.
- J. H. Bryan; Relation of diseases of accessory sinuses to diseases of the eye, especially in children; *Pacific Med. Jour.*, November, 694.
- Taliaferro Clark, P. H. S.; The physical care of rural school children. Reprint 366, from Public Health Reports, Oct. 6.
- V. Dabney; Extensive cholesteatoma following Lue-Caldwell and Killian operations, simulating sarcoma; *Laryngoscope*, November, 1302.
- L. Eliot; Body snatching; WASHINGTON MEDICAL ANNALS; abstract in *Colorado Medicine*, November, 329.
- F. H. Garrison; Greetings from the Surgeon General's Library; same journal, December, 366. Also, Prosthetic appliances in war times; *Mil. Surgeon*, November, 507.
- A. G. Grinnell; New army train for Mexican border; *Modern Hospital*, November, 378.
- H. H. Hazen; Undescribed superficial atrophy of mucous membrane of tongue and mouth; *Jour. Cutan. Dis.*, November, 801. Also, Diseases of skin; Review in *Texas Med. Jour.*, December, 279.
- V. G. Heiser; Hygiene and sanitation on ocean vessels; *Mil. Surgeon*, November, 455.
- J. W. Kerr and others; The scope of industrial hygiene; *Jour. A. M. A.*, Dec. 16, 1821.
- G. M. Kober and W. C. Hanson; Diseases of occupation and vocational hygiene; *Northwest Med.*, November, 384.
- John E. Lind; The mental examination of negroes; *Internat. Clinics*, III.

- C. S. Ludlow ; Musquitos and man again ; *Science*, Dec. 1, 788.
- M. W. Lyon, Jr. ; Two cases of congenital absence of one kidney ; *Jour. A. M. A.*, Nov. 18, 1524.
- M. B. Mitzmain ; Insect transmission of disease in orient with especial reference to experimental conveyance of trypanosoma Evansi ; *N. O. Med. and Surg. Jour.*, December, 416.
- W. G. Morgan ; Gastric aspirator ; *Med. Record*, N. Y., Nov. 25, 947.
- J. R. Nevitt ; Arteriosclerosis ; *Va. Med. Semi-Mo.*, Dec. 22, 455.
- M. A. Reasoner, U. S. A. ; Some phases of Experimental syphilis with special reference to the question of strains ; *Jour. A. M. A.*, Dec. 16, 1799.
- D. E. Robinson and J. G. Wilson ; Tuberculosis among prostitutes. Report of an investigation in connection with study of disease in Cincinnati, Ohio ; *Amer. Jour. Pub. Health*, November, 1164.
- J. D. Rogers ; Heat or Percy treatment of cancer of uterus ; *Va. Med. Semi-Mo.*, November 24, 400.
- J. W. Schereschewsky, P. H. S. ; Plan for education in industrial hygiene and avoidance of occupational complaints ; *Amer. Jour. Pub. Health*, October, 1031.
- J. R. Scott ; Tuberculosis of tongue ; *Amer. Jour. Med. Sci.*, September, 411.
- C. A. Simpson ; Sterilizing effect of cold on roentgenized surfaces ; *Amer. Jour. Roentgen.*, October, 485.
- W. S. Small ; Military drill in High School in interest of health ; *New Jersey Med. Society Jour.*, November, 624.
- E. B. Vedder, U. S. A. ; Relation of diet to beri beri ; *Jour. A. M. A.*, Nov. 18, 1494.
- J. R. Verbrycke, Jr. ; Case of gastric ulcer ; *Med. Record*, N. Y., Nov. 4, 812.
- B. S. Warren and Edgar Sydenstricker, P. H. S. ; Health insurance, its relation to preventive medicine ; *N. Y. State Jour. Med.*, December, 597.
- W. A. White ; Mechanisms of character formation ; an introduction to psycho-analysis. Macmillan Co., N. Y. City, 1916. Price, \$1.75.
- M. I. Wilbert, P. H. S. ; Some fallacies regarding phenol ; *South. Med. Jour.*, December, 1053. Also, Useful drugs ; *Jour. A. M. A.*, Nov. 18, 1491.
- T. A. Williams ; Functional and organic differentia in nervous diseases as shown by cases. Abstract ; *Jour. Ark. Med. Soc.*, November, 125.

PERSONAL NOTES.

- Dr. Willis Power Baker, M. R. C., U. S. A., of this city, was married, Nov. 4, to Dr. Margaret Darvos, of New York City.
- Dr. N. P. Barnes is a member of the Council of the Congress of Internal Medicine.
- Dr. Wm. J. Dillenback died December 27, at his home in this city.
- Mr. John Goodman, son of Dr. W. R. Goodman of this Society, died in New York City, Nov. 12.
- Dr. Louis Henry Ritzhaupt of this city was married recently to Miss Lillian Mae Harris, of Seymour, Wis.
- Dr. R. F. Sheehan, U. S. Navy, has been detached from the Naval Medical School to the *Culgoa*.
- Dr. M. L. Strobel was reëlected Vice President of the Southern Medical Women's Association at the meeting in November at Atlanta, Ga.
- Dr. M. I. Wilbert, the technical assistant at the Hygienic Laboratory, died Nov. 25, at the German Hospital, Philadelphia, Pa.
- At the annual meeting of the Southern Medical Association at Atlanta, Ga., Nov. 12 to 16, the following Washington physicians attended and nearly all of them read papers: Drs. S. S. Adams, R. C. Derevaux, P. H. S.; W. H. Frost, P. H. S.; C. T. Grayson, U. S. N.; Joseph Goldberger, P. H. S.; H. H. Hazen, P. B. Johnson, J. F. Mitchell, R. E. Noble, U. S. A.; B. S. Warren, P. H. S., and T. A. Williams.





GEORGE WYTHE COOK, M. D., LL. D.



Complimentary Dinner
to
George Wythe Cook, M. D., LL. D.

At the meeting of the Medical Society of the District of Columbia October 4, 1916, Dr. Frank Leech, Vice Chairman of the Executive Committee and for the committee, recommended that the Society tender a complimentary dinner to Doctor G. Wythe Cook, on the occasion of his seventieth birthday, October 28, 1916, as a token of esteem, and in recognition of his years of valuable service to the Society. The recommendation was adopted, and the following committee was appointed by the President to arrange for a subscription dinner to be given under the auspices of the Society.

Committee:

DR. C. W. RICHARDSON
DR. T. N. McLAUGHLIN
DR. A. W. BOSWELL
DR. S. S. ADAMS
DR. J. R. WELLINGTON

Treasurer:

DR. H. C. MACATEE

WASHINGTON, D. C., October 25, 1916.

GEORGE WYTHE COOK, M. D.

No. 3 Thomas Circle,

Washington, D. C.

My Dear Doctor Cook:

I have been instructed by the Medical Society of the District of Columbia to inform you that upon the evening of October 28, 1916, a dinner will be tendered you at the Raleigh Hotel under the auspices of the Medical Society of the District of Columbia in honor of the seventieth anniversary of your birth, as a token of appreciation of your many years of meritorious work for the Society, and as a demonstration of the high esteem in which you are held by your associates.

It gives me the greatest pleasure to have the honor of officially notifying you of this interesting event.

Very truly,

J. LAWN THOMPSON,
Corresponding Secretary.

DR. COOK'S REPLY.

October 26, 1916.

DEAR DOCTOR THOMPSON:

I have just received your very kind letter of the 25th instant conveying in such graceful terms the disposition of the Medical Society to honor me on the 28th instant, that being my seventieth anniversary, with a complimentary dinner at the Raleigh Hotel. It gives me great pleasure to accept this invitation, and I beg you to convey to the Society my high appreciation of its courtesy and consideration.

Yours very sincerely,

G. WYTHE COOK.

DR. J. LAWN THOMPSON, *Corresponding Secretary*,
Medical Society of the District of Columbia.

The following is the list of subscribers to the dinner:

G. N. Acker	Mary Holmes	M. A. Parsons
S. S. Adams	W. H. Huntington	C. A. Pfender
J. S. Arnold	C. W. Hyde	E. F. Pickford
W. H. Atkinson	W. A. Jack, Jr.	S. B. Pole
Frank Baker	V. B. Jackson	B. G. Pool
E. A. Balloch	H. W. Jaeger	J. H. Ramsburgh
N. P. Barnes	J. Taber Johnson	L. H. Reichelderfer
W. M. Barton	L. B. T. Johnson	C. W. Richardson
A. W. Boswell	L. A. Johnson	J. D. Rogers
F. W. Braden	H. H. Kerr	P. S. Roy
J. H. Bryan	G. M. Kober	R. C. Ruedy
E. W. Burch	D. S. Lamb	Sterling Ruffin
H. Ralph Burton	I. H. Lamb	E. G. Seibert
W. K. Butler	T. S. Lee	D. K. Shute
A. J. Carrico	D. O. Leech	J. O. Skinner
E. S. Coale	Frank Leech	Z. T. Sowers
J. T. Cole	H. T. A. Lemon	W. M. Sprigg
E. P. Copeland	T. F. Lowe	A. L. Stavely
E. Y. Davidson	T. N. McLaughlin	I. S. Stone
H. C. Duffey	H. C. Macatee	L. H. Taylor
W. G. Erving	Louis Mackall	W. D. Tewksbury
J. A. Foote	J. J. Madigan	A. R. Thomas
C. W. Franzoni	W. J. Mallory	J. D. Thomas
H. D. Fry	G. Brown Miller	J. Lawn Thompson
F. H. Garrison	J. F. Moran	M. F. Thompson
W. R. Goodman	W. Gerry Morgan	John Van Rensselaer
F. R. Hagner	D. D. Mulcahy	G. T. Vaughan
C. M. Hammett	S. B. Muncaster	J. R. Wellington
D. P. Hickling	F. S. Nash	Prentiss Willson
D. Lee High	J. R. Nevitt	W. H. Wilmer
R. T. Holden	J. B. Nichols	

The company assembled at about 8 P. M., presented their congratulations to Dr. Cook, and proceeded to the banquet room, which was tastefully decorated with flags and flowers.

MENU

SEA TAG OYSTERS

CELERY

OLIVES

ALMONDS

GREEN TURTLE AU MADERE

STRIPED BASS HOLLANDAISE

POTATO PERSILLE

PATE MARECHALE

FILET MIGNON BORDELAISE

FRENCH PEAS

CREAMED POTATOES

SALAD SUZETTE

BOMBE DEMI DEUIL

PETITS FOURS

ROQUEFORT

CRACKERS

CAFE NOIR

SAUTERNE
CHAMPAGNE
CIGARS
CIGARETTES

At the conclusion of the dinner, Dr. Davidson, President of the Society, called the company to order, and spoke as follows:

Mr. Chairman and Members of the Dinner Committee, Our Honored Guest, Ladies and Gentlemen, Fellow Members of the Medical Society:

In the name of the Medical Society of the District of Columbia I bid you a cordial welcome. As, according to the program, I shall be called upon later for a few remarks, I am estopped from expressing the hope that the intellectual feast will equal the material one which the Dinner Committee so charmingly arranged. In fact, the program permits me at this time merely to extend to our honored guest the felicitations of the Medical Society, which honors itself in honoring a favorite son, and to introduce the Toastmaster, who has been selected from the many ready and happy speakers in the Society because of his abundance of thought and his felicity of expression. It gives me great pleasure to present as Toastmaster of the evening our fellow member and friend, Doctor Frank Leech.

THE TOASTMASTER:—

Mr. President, Ladies and Gentlemen, Fellow Members of the Medical Society, Doctor Cook:

It is with much trepidation that I rise to assume the duties of Toastmaster at such a formal dinner as this, especially when it is given in honor of such a distinguished medical man as our very beloved Doctor Cook. It has been my privilege to preside at other dinners of a less pretentious nature, but when one is introduced as one of the ready and happy speakers of this large Society, which boasts not only of being composed of able medical men, but also of numerous talented orators, I am still more at a loss to know how I was ever selected by your Dinner Committee to take charge on this momentous occasion.

However, I appreciate very much the honor bestowed upon me, and when I consider that Dr. Cook has been a friend of mine for many years, and that I have been associated with him on many committees and seen the very able work that he has accomplished for our Society, I shall endeavor to do my best to make the remaining part of this evening a success.

Now, I want it distinctly understood that while this dinner is given in honor of Dr. Cook's seventieth birthday it is not a memorial of old age, but an honor to a young elderly man, so all join with me in feeling that we are just twenty-one tonight.

It now becomes my very pleasant duty to introduce to you a gentleman that a few minutes ago presented me to you in such flowery words. You all know him as an able presiding officer, and have seen the very business-like and impartial manner in

which he has presided at our sessions during the past ten months (and I am sure it has taxed him greatly, when I consider whom he succeeded). This gentleman will now talk to you on the "Early Life of Dr. Cook." It gives me very great pleasure to present my very good friend and fellow member, our President, Dr. Edward Y. Davidson.

DR. DAVIDSON:

Mr. Toastmaster, Our honored Guest, Ladies and Gentlemen:

While the important events of a man's life rarely, if ever, occur in the early years, it is to the formative period of life that one looks for the influences which shape and mold character. I assume that it is for the purpose of getting a glimpse of these influences that the Dinner Committee assigned "The Early Life of Doctor Cook" as one of the topics of the evening.

Dr. G. Wythe Cook was born October 28, 1846, Front Royal, Va. He was the second child of Giles and Elizabeth VanMeter Lane Cook. His maternal progenitors emigrated from Holland and settled in Ulster County, N. Y., in 1662. The VanMeters were large land owners in New Jersey, Pennsylvania, Maryland and the Valley of Virginia, John and Isaac VanMeter having been the first to receive grants to large tracts of land and to have been the first settlers in Virginia west of the "Great Mountains." The town of Front Royal was built on part of the VanMeter estate.

Dr. Cook was descended on his paternal side from Mordecai Cook, who came from England and settled at Mordecai's Mount, Gloucester County, Va., in 1650. Dr. Cook's paternal grandfather was William Cook, of Willow Brook, a celebrated old Virginia home. It may be incidentally remarked that Willow Brook is now owned by Dr. Cook's brother, Judge Giles Cook, Junior.

Dr. Cook's father, Giles Cook, Senior, was for many years commonwealth's attorney for Warren County, Va., and was a member of the celebrated Virginia State Convention of 1850. A biographer says of him: "His legal knowledge was recognized in the Virginia courts, and his splendid life ornamented the community which always accorded him its admiration."

Dr. Cook attended school before the days of educational revival in the "new south." He had the benefit not only of the tutorial system of education which was introduced into Virginia by the landed gentry many years before his birth, but he also attended Front Royal Academy. The academies of Virginia succeeded what was known as the classical schools at a period when the sciences were becoming popular because of a movement which demanded a more practical type of training. The academies taught not only English, the classics and higher mathematics, but also physics, chemistry and botany. The method of in-

struction was what modern educators are pleased to denominate "old-fashioned." Grammar lessons were memorized, and paradigms—the conjugation of verbs in the several modes, tenses and persons—were so thoroughly studied as never to be forgotten. In two years a pupil was required to read Caesar, Sallust, several books of Virgil's *Aeneid*, Cicero's oration against Catiline, Horace's odes and satires, and read them understandingly. With the other subjects of the curriculum like thoroughness obtained. The discipline was severe. There were no short cuts or easy methods. Obedience and truthfulness were the virtues each pupil was required to practice. This, in brief, was the kind of education Dr. Cook received and the nature of the school discipline to which he was subjected. Is it any wonder, then, that he afterward made a thorough mastery of any subject which engaged his attention?

Before he was eighteen years old he enlisted in the Confederate States Army. He served in the 7th Virginia Cavalry, Rosser's Brigade, and was wounded at the battle of Hawe's Shop, Hanover County, Va., May 28, 1864. The war closed before he had fully recovered. With respect to his military service no higher encomium can be bestowed than to say that he gave an unre-served devotion to the cause which he espoused.

Dr. Cook's character was not only molded by the wholesome atmosphere, the cultural influence and the esthetic taste of the home in which he was reared and by the discipline of his school-life, but, of necessity, its development was favorably affected by the locality in which he was born and in which he spent his early years. The locality is one of the most beautiful spots in the Old Dominion. The scenery is grand and sublime. He could not have looked day after day at the abrupt termination of Massanuttin Mountain and not been stirred by a recognition of the power and majesty of Almighty God, nor could he have stood upon the top of Point Lookout, with vision extending for miles and miles down the teeming valley, and with eye feasting upon its transcendent loveliness, and not have worshiped, in silence, perchance, the Great Creator, for His wondrous beneficence. He heard the song of the river and the purling of the brook, as they rush on forever, and his soul must have been attuned to the highest concepts. Born and reared amid such striking physical evidences of the majesty and power, the dominion and beneficence, of Jehovah, he must have felt early in life that "the chief end of man is to glorify God and enjoy Him forever," as he learned from the Westminster Shorter Catechism at the Presbyterian Sunday School at Front Royal.

Early in life he set for himself a high standard of rectitude. His early ethical awakening found fruition in punctilious adherence to the right; and early in life, too, he caught a glimpse of the

largeness of what he had set before him to accomplish. He looked at life in its true perspective. Down the vista of the years he projected his vision, and his splendid and conspicuous achievements, which the speakers to follow me will doubtless portray, necessarily resulted from that view. No galling chain of prejudice fettered him, but with an open mind, loving all mankind, he saw the golden promise of the future, pregnant with joy and reward to him who labors in the service of his kind. He recognized a vested right in the future, and forthwith filed claim to it. With the rod of determination he struck the rocks of difficulty and the living waters of opportunity gushed forth. The current was not always favorable. His laboring oar often propelled his bark against the tide, but when it scraped upon the sands of the shore he felt the stimulus of victory won. Thus, we find him beginning the study of medicine under the preceptorate of Doctor Hanson Dorsey, knowing the right and panoplied with the power to do the right.

THE TOASTMASTER: It is indeed a pleasure to listen to such an interesting account of the early life of our honored guest, and we have seen that it was not all a bed of roses; but there are some other points about which Dr. Davidson has not spoken, and I have in mind one incident that was not brought out. You will recall that Dr. Cook was a member of the 7th Virginia Cavalry, during the unpleasantness between the States, in the early Sixties. After the close of that struggle and after his graduation in medicine, he was on one occasion called to see a patient in North Carolina; on the return trip it became necessary for him, when he reached Saulsbury, to make a change from the south station to the north station. Being in great hurry, having only twenty minutes to make the change, he decided to hire a conveyance, and approaching an ancient negro who was dozing on the box of a sea-going hack, standing in front of the station, gave him a shake and inquired if he could deliver him at the north station within time to make his connection. The negro replied that it was out of the question, as his steed would not go faster than a walk. The Doctor thereupon inquired what kind of a beast it was. The reply was, that it was an old cavalry charger; whereupon the Doctor said, let me take the reins and I believe we can get there. Mounting the box he at once gave the command, "Company, Attention!" the horse immediately pricked up his ears, and when the next order was given to "March," moved down the street at a fair gait. At the next command "Double Quick," the nag broke into a gallop, and in a few minutes the station was reached and the command to "Halt," was given. It took exactly eleven minutes to make the trip. The old ducky was so amazed and delighted to see his steed able to do such good service, that

he refused compensation and bade the Doctor adieu, saying that his fortune was made. The following day Dr. Taber Johnson was returning from some golfing, which he had been doing on one of the southern courses, and had to make the same change. He approached the same old man and made the same inquiry as to the change from the south to the north station. This time the reply was to jump in. Dr. Johnson deposited his sticks in the vehicle and got in himself. The darky gave the commands as he had heard Dr. Cook do, the previous day, and everything went well until the north station was reached, but here the horse went right on by. After four blocks had passed, the old negro turned to Dr. Johnson and said, "Indeed, Boss, you had better jump, as I has done gone forgot the order to stop." Dr. Johnson had to wait for the next connection. We thus see how, perhaps, even Preparedness, might come in handy at times.

The next gentleman who will address you is one who has been associated with our guest, not only in Society work, but also on Hospital Boards, Dispensary Services and Medical Schools. He has thus been in a position to come in very close touch with Dr. Cook's work as a medical educator. This man is one who has always taken a very active part in these matters himself, and who could be better qualified to do honor to our guest along these lines? As you all know his power of speech is good, and how, when all of these things are considered, could a more fitting representative have been chosen? It is now my pleasure to present Doctor Samuel S. Adams, who will talk to you on "Dr. Cook's Connection with Medical Education."

DR. ADAMS: A foundation laid thirty-six years ago, upon which was builded a superstructure more lasting than steel, well typifies the friendship that has existed between our honored guest and me. In 1880 we became acquainted at the Old Central Dispensary, then occupying a dilapidated frame structure on Sixth Street, between E and F Streets, N. W. My admiration of him began then and there, and it has never ceased to increase, with each succeeding year, as we have watched him honestly and intelligently perform every duty intrusted to him by his colleagues in the Medical Society of the District of Columbia.

At the age of seventeen, in answer to the call of Virginia, he entered the Confederate Army, but soon emerged from that frightful struggle with a gunshot wound of the leg. His recital of the hardships incident to army life, mingled with stories of amusement, hunger and pathos, impresses one with the boy's sense of duty to his State.

Although crushed in spirit over the lost cause and impoverished by the ravages of war, his indomitable will impelled him to turn to a professional career. Hence, in 1866, he began the

study of medicine under the preceptorship of Dr. Hanson Dorsey, of Front Royal, Va., an intelligent and well educated practitioner, in whose house he resided, being the tutor of his two children. One year later he matriculated at the University of Maryland, and at the end of the first session received an internship in the University Hospital.

He graduated in Medicine in 1869, returned to his home in Front Royal, and practiced there two-and-one-half years. He then moved to Upperville, a neighboring village, resided there until 1878, when he came to this City.

A few years later (1883) seven tyros in medicine, imbued with the spirit of adventure and ambition, organized the Medical Department of the National University. For eight years, as Professor of Physiology, he and his associates struggled to maintain and uplift this school, but both efforts failed, so, finally our friend resigned, receiving as his share of the profits of nearly a decade's work one hundred dollars. Through the years he has been Clinical Professor of Medicine in Columbian University; Attending Physician to the Garfield Memorial Hospital and the Washington Home for Incurables; Consulting Physician to St. Elizabeth's Hospital; the Episcopal Eye, Ear and Throat Hospital, and the Central Dispensary and Emergency Hospital, and is now on the Staff of several of these institutions as Consulting Physician. During the Spanish-American War he was an Acting Assistant Surgeon in the U. S. Army.

He has been President of the Medical Society, D. C., the Medical Association, D. C., and the Washington Obstetrical and Gynecological Society. He is a member of the American Medical Association and of the Washington Academy of Sciences. He was Treasurer of the Committee of Arrangements of the First Pan-American Medical Congress (1893), and received the congratulations of the Secretary of State (Gresham) for turning into the Treasury a balance of twelve hundred dollars from the fifteen thousand dollars appropriated by Congress for the entertainment of the foreign guests.

He has contributed articles of great interest which may be found in our various medical journals.

From the foregoing it is evident that he began his career as an educator fifty years ago; and that he has performed that work well is attested by the number of his admirers here assembled to pay tribute to him on his seventieth birthday.

I have observed him in the Dispensary, tenderly soothing the troubled mind of the anxious mother; in the Hospital Ward, ministering to the indigent sick; in the Class-Room, imparting knowledge and wisdom to the students; in the Faculty, wisely determining the fate of the expectant doctor; in the Presidential Chair, impartially enforcing the rules of order; in the Council,

judging matters of ethics; in the Committees of Congress, urging the passage of laws affecting the public health; in the Forum, presenting his convictions in a forceful manner without being unjust or harsh to his opponents; in Private Council, deliberating on affairs of the most delicate nature; in the Club, relaxing from professional life; and in his Home, extending generous hospitality to his guests.

Thus, in this brief retrospective, I have endeavored to partially portray my estimate of him as a friend, as a physician and as a MAN; and the Medical Society, D. C., has conferred on me an honor in permitting me to express my opinion of

GEORGE WYTHE COOK, M. D., LL. D.,

In Commendam rather than *In Memoriam*.

THE TOASTMASTER: As I anticipated, it is always a pleasure to hear from one who has had the wide experience of the speaker who has just taken his seat. He has shown that our guest has had his ups and downs, but has under all circumstances maintained the same gentle and kindly demeanor; I am reminded of the little verse which has so much meaning,

"'Tis easy enough to be pleasant,
When life glides by like a song;
But the man worth while,
Is the man who can smile,
When everything goes dead wrong."

The next gentleman that I shall call on is noted for his numerous accomplishments, among these being first-class surgery, golf, and the ability to say pleasant things about his friends in an elegant way.

His surgery and eloquence need no encomiums, but his golf is another story. He and another of our members, who is not on the program tonight, have for some time been trying to arrange a match in which I am to be the goat, but, hearing of my prowess at the game, they are constantly sidestepping the issue. I am convinced there will be no sidestepping when it comes to making a speech in honor of our guest tonight, as the subject which he has assigned to him is perhaps the one which covers the most pleasant part of Dr. Cook's career.

I now take pleasure in presenting Dr. Edward A. Balloch, who will talk to you on "Dr. Cook's Activities in Connection with the Medical Society."

DR. BALLOCH:

Mr. Toastmaster, Dr. Cook, Mr. President and Members of the Society: When we consider in the history of the world the names of those who inspire us with respect and almost with affection it will be found that they are those who, in utter forgetfulness of self, have given themselves to the service of their fellow-men.

John Howard and Elizabeth Fry, reforming the loathsome prisons of England; Pinel, who struck the chains and manacles from the insane of France and taught the world that insanity is a disease and not a crime; Florence Nightingale in the Crimea; Father Damien, devoting his life to the lepers of Molokai, and our own Carroll and Lazear, inoculating themselves with the germs of yellow fever in order that this scourge of the tropics might be eradicated, are names that come almost unbidden to the memory.

We are here tonight to do honor to a man who, on a smaller scale, exemplifies the unselfish devotion to duty that these men and women showed in a wider field. The stage may have been larger, but the underlying spirit and principle have been the same. I have been asked to say something about Dr. Cook and his relations to the Medical Society. It is a pleasure to do so, because in these days, when every one's first question seems to be "What is there in it for me?" it is gratifying to be able to lay before you the record of a man who has never asked that question. Rather than trust a treacherous memory I have prepared, like Koko in the Mikado, "a little list" of Dr. Cook's activities. This record is compiled from the History of the Medical Society, and, as Dr. Cook had a very large share in the preparation of this history, I presume that it may be accepted as accurate, at least so far as he is concerned.

Dr. Cook joined the Society in 1881. For seven years, like Ole Brer' Rabbit, he lay low. In 1888 he was elected Corresponding Secretary, which seems to have stimulated his activities, since in 1889 he submitted to the Society a draft of a bill to regulate contagious diseases other than smallpox, which was passed by Congress and was the basis of our present law. In 1890 he was one of a committee to secure a Medical Practice Act. In 1890 the ice companies notified the public that they would no longer serve ice on Sundays. The Medical Society was up in arms about this matter and put it into the hands of a committee of which Dr. Cook was a member, and the ice companies were soon brought to see the error of their ways. The next year he was a member of a committee to secure the protection of physicians testifying in courts of law. In 1893 he was one of a committee to endeavor to secure a building for the Society, and of another committee to consider the introduction and dissemination of smallpox in the District. In 1894 we find him a member of a committee to suppress quackery in Washington. As this committee never reported, it is to be inferred that they found their task a hopeless one. In 1894 there was presented to the Society by a committee of which the late Dr. W. W. Johnston was the chairman, a report on typhoid fever, which for thoroughness and convincing argument has never been excelled. This report showed beyond question that the water supply of the District

was responsible, directly and indirectly, for typhoid in this city. This led to agitation for filtration. The older members of the Society will recall the bitter fight which followed. The Engineer Officer of the Army in charge of the Washington Aqueduct was committed to mechanical filtration and the use of coagulants, while the Medical Society contended for sand filtration and bacterial tests of its efficiency. It was only by the utmost vigilance and unremitting work that the advocates of sand filtration gained the day, and it may be said in all fairness that to Dr. Cook and the other members of this committee is due the present system of sand filtration and our magnificent water supply. In this same year there was a tempest in a teapot because certain government officials took it upon themselves to question the validity of the certificates of physicians attending employees of their bureaus. The Medical Society appointed a committee, of which Dr. Cook was a member, to consider the matter, and their representations were so forceful that the obnoxious practice soon ceased. In 1898 he was appointed by the Society as a member of the Advisory Committee of the Pure Food Congress. In 1904 he was one of a committee to secure a memorial to Dr. Walter Reed. In 1905 he represented the Society at a meeting of the Civic Center and gave a history of slow sand filtration in the District of Columbia. In 1906 he was a member of a committee on a memorial to Dr. Louis Mackall.

He has held the following offices in the Society: Corresponding Secretary in 1888. From 1890-1892, Vice President, and in 1893 he was the President of the Society. For many years he has been the trusted and influential delegate of the Society to the American Medical Association and has been a member of many of its important committees. He appears to have had a peculiar fitness for this sort of work, since we find that he has served on the following committees of our own Society, viz: Legislative, Publication, Historical, Directory for Nurses, Board of Examiners and Board of Censors. Since the present organization of the Society he has been the Chairman of its Executive Committee, and of his efficiency in that position it is scarcely necessary for me to speak.

I think that you will agree with me that this is a record of good work well and faithfully done, and it would seem to entitle you, Dr. Cook, to a well earned rest, but your seventy years set so lightly on your shoulders that I fear you will have to make up your mind to the fact that the Society will burden you with several years of work in the future. May those years be many, for we know that the work will be done as no one else can do it.

THE TOASTMASTER: As I predicted, there was no sidestepping in the remarks of the gentleman who has just finished, and while he covered the ground pretty thoroughly, there is one incident in

Dr. Cook's connection with The American Medical Association, as our Representative, which should be told.

When the Doctor went first as our representative, it is said that when the chairman announced that he was assigned to some rather important committee, a delegate who was sitting next to him, turned and asked, "Who in h—— is Cook?" However, it wasn't long before his worth was found out and it was no longer necessary to ask who is Cook, but rather to hear "There he is."

In introducing the next speaker I am reminded of the great debt of gratitude which I have been under to him for many years. When as an early M. D., it was he who gave me some very valuable instruction as to the diagnosis and treatment of disease. He it was who made me feel that I was probably imposing on the public, and wonder how it ever happened that I received a diploma. I don't know of anything that a young man appreciates more than words of advice and encouragement, and you can understand that I must be grateful.

I am sure there is no man in our Society who is better qualified to talk on the subject which has been assigned to him than this gentleman. His large acquaintance with public men and his active interest in all things pertaining to the welfare of the community, have given him a large insight into those qualities in others, and so I will call on Dr. Philip S. Roy to address you on "Dr. Cook as a Man and a Citizen."

DR. ROY:

Mr. Toastmaster, Fellow Members of the Medical Society of the District of Columbia: It is a pleasure and honor to be asked to speak at a dinner given in honor of my friend, Dr. G. Wythe Cook. When Israel asked for a King, God chose for them, through his prophet Samuel, a man from his shoulders up higher than any others of the people and goodly to look upon. In height Dr. Cook stands a head taller than most of us, and to all of us is goodly to look upon. Carlyle, in his heroes and hero worship, does not include the physician; but Carlyle suffered from stomach trouble, and probably did not find the stomach specialist of England as excellent as he is in this country. When we read the attributes he ascribes to heroes, Dr. Cook becomes our hero tonight. A sincere man, a genuine man, a man intolerant of falsehoods and knaveries, a man of noble attributes, a brotherly man, with a smiling face and good laugh, yet, when needed, a good flash of anger in him, a man of repentance. Without such attributes, the structure we call society would be bottomless and shoreless.

There are times when war seems to be inevitable, and when the question of States rights and slavery brought war upon this country, Dr. Cook went with his State, Virginia; in the struggle he met

a gallant foe, and a bullet so severely wounded him that he had to retire from active duty. There is no man who loves the flag of his country more than he. His only child, Dr. Richard Cook, is now standing shoulder to shoulder with men from every part of this country, doing splendid service as an officer in the United States Army. We have all observed the ability with which Dr. Cook always meets an emergency. I remember on one occasion when, as chairman of the executive committee, he called the Society together, a lawyer appeared at the meeting, uninvited, to represent a hospital corporation, and tried to make the occasion unseemly; Dr. Cook by prompt, discreet action, settled the matter with dignity to the Society. Dr. Cook is always charming socially. It has been my pleasure to be with him from one end of the country to the other, and his genial brightness is unfailing. At New Orleans he picked shrimp from the shell with the skill of a native; at San Francisco, a dance participated in by a number of pretty girls was more attractive to him than a delicious crab salad; at Detroit, in a well known café, he leaned over the table and said to me with a merry twinkle in his eye, "Roy, I don't believe half of the men here know the names of the women they are dining with."

Turning to the more serious side of life, Dr. Cook is a profoundly religious man; I don't know that he has subscribed to any creed, but his life is guided by a faith in his divine relationship to the universe. Dr. Cook's work as a citizen has been told here tonight in recording his many activities. He tells us he is seventy years old, but to us he is still young. "O'er such a life no gathering cloud can spread; eternal sunshine lingers 'round his head."

THE TOASTMASTER: Once more we have not been disappointed in listening to another side of our guest's eminent qualities. It shows that he is a man worth while, from every viewpoint. Among the points brought out, was one which must impress us all, and that is, not only his personal devotion to his country, but also that of his son, who is at this time serving as an officer in the U. S. Army. I wish, in honor of these attributes, to here propose a toast, To Our Country—and will ask that it be drunk standing:

Our Country:

"To her we drink, for her we pray,
Our voices silent never;
For her we'll fight, come what may,
The Stars and Stripes forever."

We now come to one of the most pleasant features of the evening, which is the presentation of a token of our esteem, in a more tangible form than food and drink, and in the choice of a

gentleman to do this in a suitable manner one has been chosen whom you all know as one of very fluent and convincing language. Our Society is replete with talented speakers, but this gentleman stands preëminent in this, as well as other lines. Those who have once heard him are always anxious to hear him again, and when he has finished, they are always happy that it was their good fortune to be within reach of his voice. I feel that we are justly proud of our good friend who will now present to our honored guest a Loving Cup from his associates in The Medical Society of the District of Columbia.

It gives me very great pleasure to present to you Dr. Wilfred M. Barton.

DR. BARTON:

Mr. President, Ladies and Gentlemen: In accepting the invitation from the Committee of Arrangement to present the "Loving Cup" to the worthy gentleman in whose honor we have met tonight, I have done so with a keen appreciation of the honor, but with an equally keen sense of my shortcomings. I have accepted it because of the pride I feel in contributing, even though in a small way, to the testimonials of esteem and regard which are being given this evening to Dr. Cook by his colleagues in the Medical Society.

When I look back over the past and recall occasions like this, in which the members of our Society have joined, with a generous spirit of good will, to do honor to one of its members who has arrived at mature age in our service, I feel proud in the thought that we can stop every once in awhile in our busy lives and give honor where it properly belongs, and especially to do so during the lifetime of the individual who is chosen to receive it.

Tonight, Dr. Cook is not seventy years old, but seventy years young. He has reached the seventieth milestone of a very active life. He has been a physician for nearly half a century and for thirty-five years a member of our Society.

I can roll back the scroll of time and conjure up in my mind's eye the G. Wythe Cook as I first saw him, over twenty-five years ago. It was in 1889, and Dr. Cook had not written his name upon so many pages of our medical history. He was at that time Professor of Physiology in the Medical Department of the National University—a University which gave him the degree of LL. D. in 1890. Those were the halcyon days of the didactic lecture. There was no laboratory of physiology then and little was known of the capillary electrometer or the kymograph. Those were days when medicine was taught from open books. They were days of explanation and exhortation, and Dr. Cook had those gentle arts cultivated to a high degree of perfection. He knew his Dalton well, and he knew how to impart its contents to its students.

I can well remember Dr. Cook also on a subsequent occasion. This was in the year 1895, when I joined the Medical Society of the District. He had already been a member of it fourteen years, and he had become better known as a clinician than as a physiologist.

He was one of the commanding figures in the Medical Society at the time I entered it, and had long before begun to take an active part in its affairs, a part he has continued to play up to the present time.

The Medical Society in 1895 met in the Georgetown Law School Building, at Fifth and E Streets, and any one who attended the meetings in those days must have observed and appreciated the prominent position occupied by Dr. Cook in its affairs. Twenty-one years have passed since then, and during this long period I have grown to honor and revere Dr. Cook, just as we all have. Every year of that fifth of a century has been one in which he has put forth newer and stronger exertions in behalf of every movement for the betterment of our Society. His activities during these last twenty years have been far too numerous to recount in detail. Some of them have been dwelt upon by other speakers tonight. Suffice it for me to say that almost every page of our written record and every tradition of our Society's history in that time is marked with the name and acts of Dr. Cook.

It is not so much Dr. Cook, the Chairman of Committees, or Dr. Cook, the Delegate, whom we honor tonight as it is Dr. Cook, the man, the associate and the friend. We revere him for his qualities of heart as well as of mind, and the position he occupies in our affections is an exalted one.

It is no wonder that we meet tonight to do him honor. It is no wonder that we have arranged to give this testimonial of our esteem. Nor is it any wonder that we shall try to perpetuate the memory of tonight by presenting him with a visible and concrete token of our regard.

Here is the *Token*, Dr. Cook. I have been chosen to give it to you in the name of the Medical Society of the District of Columbia. The presentation of this cup as a memento from your associates, friends and admirers in our Society will always constitute for them one of the happiest events of their lives. May it give to you to receive it the one-hundredth part of the pleasure which it gives to your friends assembled here tonight.

THE TOASTMASTER: The next speaker needs no introduction. Doctor Cook.

DR. COOK: Mr. Toastmaster, I thank you and the other friends who have spoken, for the kind words that have been said. Your praise of me is far beyond my desert, and I can not adequately express my appreciation of the compliment you pay me.

I received formal and courteous notice of this expected event, but permit me to relate how I first learned of your intention toward me. Some time ago, at a meeting of the Executive Committee, after its business had been disposed of, a motion to adjourn being in order, Frank Leech, the Vice Chairman, in his most solemn and imperious manner, ordered me to vacate the chair, and I was told to leave the room. I not only left the room, but went out of the building—out into the cold, cold world, alone. I strolled adown the street, pondering as to what I might have done to warrant such summary action as being deposed from my high office; but I was unable to divine. Dropping in at the Cosmos Club, I happened to meet my long-time friend, Tom McLaughlin, who accosted me with "Have you seen Nichols, or Frank Leech? I have preferred charges against you and the boys have got it in for you, so we are going to do you up brown."

According to my custom I attended the next meeting of the Society, but with fear and trembling. After I had made the report from the Executive Committee and before it was acted upon, even before I could fully explain it, Harry Macatee, the Secretary, came to me and said in all seriousness, you are wanted outside. Turned out again, all forlorn, I wended my way home. Next morning I paid a visit to Frank Hagner, who said he had heard pleasant and complimentary things said about me the night before. He relieved me very much, and you know what a cordial and hospitable fellow he is. He invited me to come again and even fixed the time for my next visit.

A day or so later I met Charlie Richardson—it is always a pleasure to look into his beaming countenance. He smoothed me down and said he was leading the charge of the light brigade, and that if there was any one I wanted impaled, to name the victim. I told him I had no enmities to avenge, that whatever the Society desired would be agreeable to me.

I learned that the charge against me was that I was approaching three score years and ten.

I had been associating on a level with these lusty young friends of mine and keeping dark as to age, thinking I would not be found out; but McLaughlin had the dates on me, so I have to "acknowledge the corn."

Well, here I am, surrounded by a splendid company of kind-hearted friends who are treating me most royally.

It is worth being seventy years old when fifty of those years have been spent in the congenial study and practice of medicine, and many of them in pleasant association with you, culminating, as they do, in this graceful testimonial which you have so graciously bestowed upon me tonight:

Now, my friends, during the many years that I have dwelt among you there has been no distinction that I could have re-

ceived from your hands as a medical body that you have not generously bestowed upon me, and without the asking. This I have appreciated most highly, and I can never sufficiently express my gratitude to you for such confidence, and now this supreme manifestation of your good will gives me additional pleasure and makes me that much more your gratified colleague.

There is much that I might say, but I am bewildered by this demonstration. The presentation of a testimonial by this body is suggestive of the "sere and yellow leaf." Can it be that this means that I have indeed grown old? If so, "It is a green old age unconscious of decays." The finger of time may have graven deep lines across my brow and the frosts of the years may have whitened the remaining hairs upon my head, but, friends, I do assure you there is no scar, neither is there any frost on my heart, for it beats warm with affection and its pulsations send forth rich red blood that energizes and stimulates vigorous thought and active movement. And I am not old! Banish me not, I pray you, to that solitary limbo reserved for the querulous and decrepid. I could not endure such isolation. And I am not old! My arteries are soft and flexible, my eye is clear and undimmed, my step is elastic and the cells of my gray matter are nimble and arrange themselves in an orderly manner; so, my dear young friends, keep near me and let not my enthusiasm flag for want of young companionship, for you should remember that we must have "old wood to burn, old shoes for comfort, old wine to drink, and old friends to trust." Trust me, but call me not old! I have beguiled myself with the thought that perennial youth was mine; but I find I have been entertaining a vain delusion. I hope I have not demeaned myself unbecomingly. I recognize and bow to the inevitable. "*Senectus insanabilis morbus est.*"

One does not desire to lag superfluous on the stage, and as I still have troops of friends I am not yet superfluous. The genial Holmes says, "To be seventy years young is sometimes far more cheerful and hopeful than to be forty years old."

For your partiality and your courtesy I bespeak for you the benedictions of Heaven in abundant showers, and may you have health, long life and prosperity.

Hear these few words more, lest I fail to fully express the deep gratitude of my heart for your princely generosity so beautifully symbolized in this handsome token. I gaze upon this cup—this beautiful loving cup—and see it full to overflowing with the milk of human kindness—and you are kind to me tonight. Friends, I clasp you to my heart with "hoops of steel," and hold you in grateful appreciation for this evidence of your good will and esteem. Time may dull the luster of this beautifully burnished bowl and ill usage may mar its graceful symmetry, but neither time nor circumstance can efface from my heart or mind



PRESENTED TO
GEORGE WYTHE COOK, M. D., LL. D.
 BY THE
MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA
 ON HIS SEVENTIETH BIRTHDAY, IN RECOGNITION OF HIS DISTINCTIVE
 ATTAINMENTS IN MEDICINE AND HIS ABIDING
 LOYALTY TO THE SOCIETY
OCTOBER 28
1916



the deep impression of this gladsome hour. I will cherish this cup until the end of life, and whatever beverage I may drink therefrom will be sweetened and deliciously flavored by the memory of this occasion.

I quaff from this splendid goblet the wine of gladness and feel its joyous thrill throughout my being. My friends, I thank you.

THE TOASTMASTER: Before we adjourn I desire to ask that a toast be drunk, standing,

“To Our Absent Friends.”

We stand adjourned.

CINCINNATI, O., *Oct. 27.*

DR. H. C. MACATEE,
1478 Harvard St., Washington, D. C.

I regret that I shall reach Washington too late to attend banquet; we much congratulate ourselves on having had so many years of Dr. Cook's faithful, disinterested services, and pray for their continuance. Please express to Dr. Cook my personal and official thanks and esteem.

WM. C. WOODWARD.



WASHINGTON MEDICAL ANNALS

ACUTE PULMONARY ABSCESS TREATED WITH ARTIFICIAL PNEUMOTHORAX.*

By W. D. TEWKSBURY, M. D.,

Washington, D. C.,

In presenting this paper I wish to bring to the attention of the medical profession a simple, rational method of treating acute abscess of the lung, namely artificial pneumothorax. This treatment is being universally used in pulmonary tuberculosis. A few cases of its use in old chronic lung abscess have been reported, but I have been able to find only one case in American medical literature of the use of compression of the lung in any condition similar to the acute pulmonary abscess. That case is reported by Greer, in the *American Medical Journal* of April 1, 1916. Greer reports a case, following pneumonia, of interlobar empyema draining through the bronchus, which he cured by compressing the lung with nitrogen, all symptoms clearing up in three weeks. I have only two cases to report, but as this work has been done without any previous experience to guide us, and is, so far as I know, an original method of procedure in these acute abscesses, I feel that it is of sufficient importance to report fully at this time.

Etiology.—Osler gives the etiology of lung abscess, in part, as a sequence of pneumonia, either lobar or lobular, as following suppuration of the nose, throat or ear, and as following operation on the throat, due to aspiration of infected particles into the lung.

Forschheimer gives aspiration of infected material from abscessed tonsil, infected teeth, etc., as one of the most important causes.

Chas. W. Richardson read a paper before this Society March 20, 1912, and another before the American Laryngological Association May 11, 1912, calling attention to lung abscess following tonsillectomy. He inclines to the theory that the infection is

* Read before the Medical Society November 8, 1916.

not due to aspiration but to septic clots being carried by the veins into the lungs with a resulting septic infarct. In a paper entitled "Abscess of the lung following operation on the tonsil and upper air tract," read before the American Climatological and Clinical Association May 9, 1916, Dr. Richardson reports three cases occurring in his practice.

Manges, in March, 1916, reports nine cases of pulmonary abscess following Tonsillectomy.

Symptoms.—The symptoms of these cases following throat operation usually appear from a few days to a week after operation. They consist of a rise in temperature, usually accompanied by a pain in the chest, followed shortly by cough and, after communication with the bronchus is established, a more or less purulent expectoration with a disagreeable, burning taste and foul odor. Examination shows some impairment of resonance with diminished breathing later becoming tubular in type. Moisture may or may not be present. Blood examination shows a leucocytosis.

Prognosis and Treatment.—A certain proportion of these cases recover spontaneously, but in this favorable type of case recovery is usually very rapid, and if symptoms persist for several weeks the outlook for spontaneous cure is bad. The case then presents one of two possibilities, either the patient dies or the abscess becomes of a chronic type, often persisting for years. These chronic cases frequently get into tuberculosis institutions with a diagnosis of pulmonary tuberculosis on account of the cough and expectoration, and rarely ever heal entirely. I have seen a number of such cases both in our local Tuberculosis Hospital and in the Virginia State Sanitorium.

The treatment is divided into medical and surgical. Medical treatment consists of adopting an expectant attitude, keeping the patient at rest in bed, and giving such drugs as creosote, guaiacol or urotropin internally and steam inhalations of creosote or similar drugs. This treatment is justifiable in all cases for a short period of time, but if the symptoms do not subside promptly other methods should be considered.

Osler, in his 1916 edition, states that medical treatment is of little avail and advocates rib resection and drainage.

Forschheimer recommends adopting an expectant form of treatment of not longer than from two to four weeks. He states that with medical treatment, however, the outlook is very discouraging except in cases following pneumonia, where there is a fair percentage of recoveries. Forschheimer quotes a report by Kiseling of 133 cases treated medically in the Berlin hospitals with 86 deaths and only 10 cures, the other 37 cases presumably having become chronic in type. This is a mortality of 64 per cent. and only 10 per cent. recoveries. He advocates rib resection and drainage. He gives statistics showing a total of 472 cases operated on by European and American surgeons. The mortality ranged

from 20 to 50 per cent. with an average mortality of 34 per cent. In other words, the mortality of cases treated by rib resection is only one-half as great as that of those treated by medical means alone. But we still lose one case in three and, moreover, after this radical operation the patient often drains for months and occasionally longer before complete healing takes place.

Report of Cases.—Last July I was called into consultation with Drs. White, Walker and Sterling Ruffin to consider the best method of treating a case of acute lung abscess which had followed operation on the nose. I advised artificial pneumothorax as being a rational procedure, although its use heretofore had been confined entirely to pulmonary tuberculosis with the exception of a few cases of chronic lung abscess of a year or more in duration, and one case of interlobar empyema reported by Greer. All modern medical literature advised rib resection with drainage, but I could find no reference anywhere to the use of lung compression. The following is the case history:

Case 1.—Mr. H. G. P., 32 years of age. Profession, mining engineer. Was injured in elevator in mine about the middle of June, 1916. Had a fracture of the superior maxilla and nose. Was brought to Washington and was operated on June 17, 1916, by Dr. Walker, who repaired nasal septum, and Dr. White, who did a herniotomy. Patient's temperature became normal following operation, and he was apparently making an uneventful recovery. June 26th, which was nine days after the operation, his temperature suddenly rose and began running between 101 and 102. This was accompanied by pain in the chest and considerable sweating. His leucocytes were found to be between 20,000 and 30,000. Examination by Dr. Ruffin showed a moderately-marked pleurisy with effusion at the left base, and a small amount of fluid was obtained by Dr. White on aspiration. Temperature and leucocytes remained high, however, and on July 12th, which was sixteen days after onset of symptoms, patient suddenly coughed up a considerable amount of purulent sputum, and an abscess was discovered in the lower portion of the right lung. The x-ray plate taken by Dr. Groover I have with me tonight and will show later. The symptoms improved considerably during the week following the rupture of abscess, but he was coughing up pus at frequent intervals, and leucocytes still remained in the neighborhood of 20,000. On July 22d the temperature began rising again and remained high, often going above 102. On July 29th I was called in and asked concerning the possibility of using compression of the lung. I advised waiting a short time, hoping for a spontaneous recovery, especially in view of the fact that the operation would be somewhat in the nature of an experiment. We were also rather reluctant to collapse the abscessed lung on account of signs of pleurisy with effusion on the opposite side. The patient gradually became worse, however. He was losing weight,

had profuse sweating at times, and considerable expectoration. On August 12th, one month after the onset of his symptoms, I started a compression of the lung, injecting 150 cc. of air into the pleural sac. I gave him another small injection on August 14th and a larger one on August 22d, following which, his temperature became normal and with the exception of two days remained so thereafter. He then received injections about once a week, taking in all ten treatments. All cough and expectoration had stopped by September 15th and his leucocytes became normal September 20th. He gained 20 pounds after starting the pneumothorax and was discharged as cured October 15th. The only unpleasant symptom caused by the gas in this case was some shortness of breath and cyanosis on one occasion following an unusually large injection.

Case 2.—Mrs. O. B., age 27 years. Tonsils removed by Dr. C. W. Richardson September 9, 1916, at the Episcopal Hospital. Three days after operation had some pain in left chest which disappeared in 24 hours, and she was discharged September 15th, six days after operation, apparently well. The day after her return home, or seven days after the operation, pain in left chest returned, accompanied by high temperature. One week later she suddenly coughed up a large amount of pus. Patient returned to the hospital on September 28th with a temperature ranging between 102 and 104, pulse 120 to 140, and respirations between 30 and 35. Her cough was very frequent and severe, and was accompanied by a large amount of purulent expectoration, with a foul odor. X-ray plate taken by Dr. Selby showed a large abscess involving most of the upper lobe and some of the lower lobe. Dr. Chas. White was called into consultation and suggested pneumothorax rather than rib resection. Her symptoms persisted until I saw her October 15th, which was four weeks after the onset of her symptoms. She was in a condition of extreme prostration and I started a collapse of the lung immediately, although I did not feel at all optimistic as to the outcome. The temperature, pulse and cough improved the day following this first treatment, and on October 17th, two days later, I gave her a second treatment. That night she coughed up an unusually large amount of pus, and on the following day her temperature was normal and remained so thereafter. The pulse and respirations became nearly normal, and the cough diminished very materially. On October 21st another injection was given, and on October 24th, just nine days after beginning pneumothorax, the patient was discharged from the hospital and returned home. I gave her a treatment at her home last Saturday, November 4th, and all symptoms have disappeared. She will receive several more injections, however, about two weeks apart, in order to insure complete healing.

Conclusions.—1. The mortality of acute lung abscess treated medi-

cally is very high, approximately 60 per cent., and the percentage of cures is low, about 10 per cent.

2. The results with rib resection and drainage are better, but we still have a mortality of about 30 per cent. Moreover, this operation often leaves a patient with a draining sinus which may persist for a year or more.

3. Artificial pneumothorax is a rational method of treatment in all cases having a communication with bronchus and gives promise of very appreciably lowering the mortality and raising the percentage of cure in acute abscess of the lung.

Dr. C. W. Richardson said that abscess of the lung is always an interesting condition. He had seen a number of cases both in his own practice and in consultation. When occurring in connection with operations on the upper air tract, the etiology embraces (1) aspiration of particles of tissue or other foreign material; (2) infarction, either venous or lymphatic. Abscesses occur most frequently from infection in the interlobar spaces; this is accounted for by the large number of lymphatics in these spaces. The symptoms had been fully described by Dr. Tewksbury. Those cases in which abscess follows operation usually have an unsatisfactory post-operative history; they suffer much, and usually have an irregular fever. One of the cases reported was that of a woman, from whom Dr. Richardson had removed large tonsils; the operation was easy, and was not accompanied by hemorrhage. But she did not get well as she ought; on the fourth day, instead of being ready to be discharged, she had a temperature of 102, but on the fifth or sixth day the temperature was normal, and she was allowed to go home. Later she returned, with the abscess of the lung. He had had many letters from other men stating that they had often failed to recognize this condition; he quoted one from Chevalier Jackson. The characteristic symptoms are: uncertain post-operative progress, pain in the chest, violent, paroxysmal cough, and septic temperature. There are no early physical signs; later there may be signs of consolidation and perhaps moist râles. When the abscess breaks into a bronchus, there is a voluminous expectoration of fetid pus. Some cases get well spontaneously; others need surgical aid. These two cases of pulmonary abscess treated by artificial pneumothorax mark an epoch in the treatment of this condition. Two cases are not enough to close discussion of the matter, but they must be considered of the utmost value as contributions to our knowledge of the surgery of the thorax.

Dr. T. A. Groover expressed his appreciation of the presentation of the cases. Some time ago he had tried to induce some physicians to try this method because it seemed so rational. He was inclined to think he had gotten the idea from the writings of

John B. Murphy. The failure of the lung to collapse under ordinary conditions accounts for the failure of the abscess cavity to heal. Incision and drainage is not a rational measure of treatment because drainage is already sufficiently free ordinarily through the bronchus. Compression is the most rational measure to bring about a cure.

Dr. W. P. Carr said that Dr. Tewksbury should be congratulated upon his valuable contribution to the surgery of the lung; the striking possibilities of the method described were shown by the cases reported. The idea had seemed to prevail in the discussion that lung abscess most often follows operations on the throat; such abscesses frequently follow abdominal operations, particularly appendix operations.

Dr. P. S. Roy had seen two cases of abscess of the lung following carbuncles; one got well spontaneously, the other died of hemorrhage. He thought it was unsafe to say that the death rate of this condition is 60 per cent., because this figure is based on the literature, and only a small proportion of the cases is ever reported.

Dr. C. S. White had recently seen four cases of lung abscess; three followed operations on the upper air passages, one followed an abdominal operation. Two of the cases were those reported by Dr. Tewksbury. Operations for this condition were very dangerous because there were so many factors to be considered. Lilienthal had been doing pneumonectomy, but the operation had not proved very satisfactory. It would seem that from all considerations the method of artificial pneumothorax will prove the most useful measure to bring stubborn cases of lung abscess to cure.

Dr. Selby said that abscess of the lung as indicated on the x-ray plates is often mistaken for interlobar empyema or for tuberculosis. It is very important to exercise care in interpreting the size of the abscess; the appearances on the plate are often deceptive as to this.

Dr. G. M. Kober said that in view of Dr. Tewksbury's experience with the use of artificial pneumothorax in the treatment of tuberculosis, a chronic, usually mixed, infection of the lung; and in view of his experience with the same method in the treatment of abscess of the lung, an acute, septic infection; Dr. Kober wished to inquire what was the rationale of the good effect of the method in both conditions.

Dr. Tewksbury said that his mortality figures were based on the Berlin hospital reports, which probably included the worst cases; but the surgical statistics were based on a large number of cases of all kinds and should be accurate. He replied to Dr. Kober that induced pneumothorax does good by (1) putting the lung at rest; (2) by reducing lymphatic circulation, and (3) by causing the walls of abscesses to approximate and thus hastening healing.

CASE OF INTESTINAL OBSTRUCTION FOLLOWING
CAESAREAN SECTION.*

By S. R. KARPELES, M. D.,

Washington, D. C.

It is generally noted that Caesarean section has become one of the more frequently performed operations. Its simple technic, its spectacular nature and other considerations, tend to a still greater exploitation, without a proper appreciation of the complications and sequelae. That the operation is indispensable in properly-selected cases is conceded. In presenting the following case report with a brief reference to some of the literature we hope to exemplify the above statements.

Mrs. J. L., white, 28 years of age, housewife. Father died following operation for intestinal obstruction. The patient had rheumatism as a child. Menstruation began at 12, always regular, though painful. Married at 24. She was admitted to Garfield Hospital, in Dr. Cabell's service, November 23, 1912, at 3 A. M., in the second stage of labor. External measurements were: anterior superior spines, 19 cm.; crests, 26 cm.; external conjugate, 16 cm. No progress was recorded. November 24, at 3:25 A. M., high forceps were tried without avail. Dr. Stavely being called performed a Caesarean section at 9:40 A. M. The baby gasped a few times but could not be resuscitated; it weighed eight pounds; its measurements were: occipito-frontal, $11\frac{1}{2}$ cm.; biparietal, 10 cm.; sub-occipito-bregmatic, 9 cm.; circumferences, occipito-frontal, 35 cm.; shoulders, 33 cm. The patient was discharged from the hospital, December 13, 1912, in excellent condition.

Sometime later she again became pregnant, started into labor during the night of July 26, 1914, and entered Garfield Hospital about 11 A. M. She came under my care in the absence of Dr. Stavely. In view of the previous difficult labor, terminating in a Caesarean section with a dead child, the border line pelvic measurements, and the anxiety of the parents for a living child, a section was decided upon. After the usual preparation, ether anaesthesia, iodine skin sterilization, an incision eight inches long was made to the left of the previous one, with the umbilicus as a midpoint. Omental adhesions were separated from the parietal peritoneum and uterus. No packing was used in the abdomen. An incision was made high in the anterior wall of the uterus a little to the left of the previous incision. A living child and placenta delivered. The baby weighed 7 pounds, 12 ounces. Head measurements were: occipito-frontal, 10.5 cm.; biparietal, 9 cm.; sub-occipito-bregmatic, 10 cm. The uterine wound was closed with three rows of catgut sutures. Chromic catgut ligatures

* Reported to the Medical Society January 17, 1917.

were placed around the Fallopian tubes for sterilization. The abdomen was closed in tiers with catgut and silk-worm gut in the usual manner. Patient and child left the hospital in less than three weeks.

On July 30, 1916, I was called to see her at 8 A. M. She had been unable to obtain a movement of the bowels for three days. Since 3 A. M., had been having colicky pains in the abdomen. These were noted especially on the left side. The left rectus muscle was rigid. Temperature, pulse, and respirations were normal. White blood count, 11,030. A provisional diagnosis of intestinal obstruction was made. The patient received a simple enema, later a stimulating enema, and during the afternoon 1 cc. of pituitrin followed by a stimulating enema, all without effect. Violent intraabdominal, colicky pain, vomiting and constipation persisted. Morphine gr. $\frac{1}{4}$ and atropine gr. $\frac{1}{150}$ were administered and she was removed to Garfield Hospital. Dr. Stavely in consultation agreed in the diagnosis and assisted at the operation. After the usual preparation, ether anaesthesia, a 6-inch incision was made in the left rectus muscle, a little to the left of the previous incisions. A loop of small intestine about 8 inches long, black and necrotic, completely occluded by a small, encircling band of tissue was discovered. The strangulated intestine was released and resected. An end-to-end anastomosis with a Murphy button was made. Numerous adhesions between the omentum, parietal peritoneum and uterus were not disturbed. She made an uneventful recovery and left the hospital in seventeen days.

The following cases of intestinal obstruction, immediately after Caesarean section, are recorded at the Surgeon General's Library:

Dr. John W. Winston, senior maternity interne, Columbia Hospital, Washington, D. C., reported in the *Virginia Medical Semi-Monthly*, Vol. IX, 1905, "A case of volvulus, constituting intestinal obstruction following Caesarean section." Dr. L. J. Ladenski, in the *American Journal of Obstetrics*, Vol LXV, 1912, p. 866, reported "A case of ileus, enterotomy with recovery." Dr. J. Bright Benister, *The Lancet*, February 8, 1913, records "A case of acute intestinal obstruction following Caesarean section."

If the Society will permit we would like to quote the following authorities more fully upon complications and sequelae to Caesarean section: De Lee, edition 1915, p. 1017, states "After previous sections adhesions are the rule. The most common are of the omentum, or of the uterus to the abdominal wall, or the omentum to the uterus. Rarely a coil of gut is attached to the uterus under the line of the incision, and still more rarely the caecum, appendix or sigmoid may be adherent behind and tear when the uterus is everted. Peritonitis, ileus and uterine abscess are postoperative complications. In spite of the most rigorous asepsis and a perfect technic, the operation has a high

morbidity. Infected suture material has caused the most trouble in my cases and secondary union has been followed by four hernias that I know of. I know 15 of the 74 cases had severe febrile reaction; one, marked peritonitis (relaparotomy, recovery); four, postoperative pneumonia; four, uterine abscess; and in three cases, temporary ileus; two of dilatation of the stomach (all five, alarming symptoms). Two women died, one from peritonitis and one had nephritis, the operation being done for eclampsia. Taken all in all, it is not an operation to be lightly advised." Cragin, *Practice of Obstetrics*, 1916, in 150 sections had a mortality of 6.66 per cent; one death due to intestinal obstruction. Dr. Ross McPherson, in the *American Journal of Obstetrics*, Vol. LXIII, 1911, p. 398, in an article entitled, "Multiple Caesarean Sections," states, "one of the main efforts of modern abdominal surgeons is to prevent the formation of adhesions. Such adhesions may cause dragging pain, intractable vomiting and other disagreeable symptoms, which may last the patient throughout life until a more or less unsatisfactory operation has been performed for their relief. In 33 cases of multiple Caesarean section, he noted adhesions in 18." Extra peritoneal Caesarean section as revived by Sellheim, Frank, Latzko, Doderlein and Zweifel is not a solution of the difficulties.

That complications and sequelae to Caesarean section do occur in a large percentage of cases must be admitted; therefore a most rigid selection of cases for this operation is imperative.

Dr. W. P. Carr was always pleased to hear in papers or discussions a word of caution about reckless, unnecessary operating. He did not believe that we are doing too many Caesarean sections, and all those he had heard of had been done with good reason; but the same considerations of caution apply to other operations and there can be no doubt that the abdomen is often invaded without full justification. Papers of this kind are, therefore, opportune as calling for a full consideration of the sequelae possible after laparotomy. In a case of multiple Caesarean section in his own practice there were found no adhesions after the first two sections, but adhesions were found after the third and became increasingly numerous and dense after subsequent sections. The operations had all gone off smoothly and convalescence was unattended by fever or other untoward symptoms; there had never been even a stitch infection; nevertheless, the adhesions formed, and while they did no harm in this case, in another case they might prove dangerous.

Bride: "That flour you sold me was tough."

Grocer: "Tough, ma'am?"

Bride: "Yes tough. I made a pie with it and my husband could hardly cut it."

BREAST FEEDING AND SOME OF ITS PROBLEMS.*

By JOHN FOOTE, M. D.,

Washington, D. C.

The desirability of the natural food for the infant is so obvious that it is scarcely necessary to mention it here, and the physiology of lactation is fairly well understood, the normal stimulus being the reflex produced by the sucking of the infant. The secretion depends both in quantity and, to a certain extent also, in quality, on the degree of vigor exercised by the infant and on the duration of the nursing.

The percentage of the last milk nursed is high in fat; of that first nursed is low in fat. The baby that most completely empties the breast receives the richest milk. These facts are clear enough. Not so clear is our understanding of the internal factors which influence the secretion of milk by the mother, especially the question of diet. Still further, the mother may be normal, with normal mammary secretion of the proper quality, the infant may nurse properly and provide proper stimulation, and yet another inharmonious factor may be introduced in the lack of adaptation of the child to its food through some congenital or acquired abnormality.

The technic of proper breast nursing is a well-worn subject, yet an important one. Many a young mother does not know how to nurse her infant. She should be instructed in the art of holding the infant in a comfortable position. She should be told to have the infant fully grasp the nipple, including the areola. The necessity of retracting the parenchyma of the breast so that respiration will not be impaired, should be emphasized.

The interval of nursing is a much discussed question. My personal views favor the three-hour interval for most breast-feeding cases; the two-hour interval and the four-hour interval exceptionally. The washing of the breast is, of course, important. The washing of the infant's mouth before nursing is now as deservedly obsolete as the post-partum administration of uterine douches. Some cases of inability to nurse on the part of the infant are traceable to a traumatic stomatitis produced by this harmful practice. Failure of the infant to nurse vigorously from a normal nipple may be due to:

(1) An inflammation of the mouth—some variety of stomatitis.

(2) A cleft palate.

(3) Febrile conditions influencing appetite, as the sepsis of the newborn, the inanition fever of Holt, etc.

(4) Slowly progressing cranial hemorrhage (although some infants with this condition suck vigorously).

* Read before the Medical Society January 17, 1917.

(5) Weakness of the infant, or an imperfect sucking reflex.

Maternal conditions which may prevent the infant from nursing vigorously are :

- (1) Improper nursing technique.
- (2) Retracted or undeveloped nipples.
- (3) Partial or, what is relatively rare, complete agalactia.
- (4) One or both breasts being "slow."

The maternal conditions which contraindicate nursing are chronic, wasting and malignant diseases, particularly pulmonary tuberculosis, cardio-renal diseases, pregnancy and acute infectious diseases. While it has been shown that the milk is frequently germ-free in acute conditions, and while, as Finklestein has suggested in erysipelas, the milk may be withdrawn by the pump and boiled, few of us would care to make the experiment. In ordinary infections of brief durations the breasts may be kept active until convalescence. Sometimes, even when lactation has ceased for several weeks, putting the infant to the breast will restore a normal secretion.

Breast feeding is often discontinued for improper reasons. The presence of green mucus or curds in the stool is frequently taken by the mother as evidence that her milk does not agree with the child ; hence bottle feeding is resorted to ; yet her milk may be perfectly normal and these stools a result of overfeeding.

When breast abscess occurs it is usually necessary to put the affected breast at rest. Nursing from the normal breast should be continued. The frequent presence of pus and blood in the milk from the infected breast is sufficient reason for discontinuing its use as a food. I know that there may be found excellent authority for the practice of continuing nursing from the injured gland, but my personal views are opposed to it.

The observer will find that nearly always one breast will differ from the other in functional capacity and ease of nursing. Occasionally a breast will be found which will be very hard to nurse. This incomplete emptying by the infant will eventually cause a lack of secretion. When it is reported that "the baby empties one breast very quickly" and "does not seem to get enough, the milk flows so poorly," the matter should be investigated. Frequently the opposite condition will be found, that the breast empties with great difficulty and the infant tires. When an infant sleeps at the breast after nursing a very short time, it may point to a slow or difficult milk flow. Weighing the infant before and after nursing each breast, and obtaining the average for several nursings, will shed some light on this situation.

The length of time the infant should remain at the breast is variously estimated. Some breasts will be emptied in six or seven minutes, others will require twenty minutes. A maximum time of twenty minutes is a safe general rule. Only one breast should be nursed at a feeding, excepting when it is established that the breast secretion is scanty and inadequate.

The amount of milk obtained by the nursing baby at different nursings varies within wide limits. At one time only one or two ounces will be taken; at another feeding as much as five or six ounces, and so on. The breasts secrete the maximum amount in the morning, fall to minimum after midday and increase toward evening.

The belief that unusual mental excitement, or even ordinary nervousness, prevents the secretion of milk is well known and firmly established. Much has been written about the changes in milk secreted at the menstrual period, and it is believed that while these conditions certainly influence the quality and quantity of milk secretion, they do not cause actual illness in the infant. Bendix found little change in breast milk secreted under these conditions. The quantity was diminished and the fat sometimes increased. Other investigators have found a protein increase. According to Abt, 50 per cent. of nursing women do not menstruate and 43 per cent. menstruate during lactation. About 20 per cent. of all nursing women have regular periods during lactation. "In a word then," says Abt, "many women menstruate during lactation without producing any effect on the baby—occasionally a nursing infant suffers mild dyspepsia during this period."

"But every practitioner," says Abt, in his splendid monograph,¹ "has observed temporary disturbances in the breast-fed baby when the mother has been subjected to some violent grief, some overpowering emotion, a most fatiguing social function or a night spent in dancing, drinking and dissipation. The effects on the baby are, as a rule, mild and of short duration. They consist of vomiting, diarrhea, restlessness, colic and possibly a short febrile reaction."

It is quite possible to have changes in the milk at these times of a biological rather than a chemical nature, and so not discoverable in the test tube. I personally believe that the slight *chemical* changes noted are not sufficient to produce actual illness in the infant.

Many are the rules as to the diet of the nursing mother, and there is no more abused individual than the mother who follows the advice of her friends in matters of milk-producing diets.

Most authorities nowadays agree that the mother should eat almost anything in reason that agrees with her, and nothing that disagrees with her. She should not be obliged to force down distasteful foods because they are "good for her," but her diet should be carefully selected to include nutritious foods for which she has an appetite. The reason why salads, stringy vegetables, etc., are not advisable in large quantities is because they do not contain much caloric energy. But they may be very useful as appetizers if the patient is fond of them. The strongly-seasoned foods are bad because they give an unpleasant taste to milk, but all season-

ing cannot be dispensed with. Also the practice of flooding the alimentary tract with milk or cocoa, or tea, between meals is harmful. Frequently the appetite is destroyed, insufficient food is eaten at mealtimes and an actual indigestion is produced. These fluids may be taken at mealtime, instead of water, and the appetite will then not be impaired. Plenty of water should be taken between meals.

As to the nature of the diet which will make milk rich and nutritious, Engel⁷ has made interesting experiments with wet nurses in institutions. He concludes that the feeding of fat, rich foods such as cream, fat meat, etc., to nursing mothers has no influence whatever in increasing the *quality* or *quantity* of the milk and only tends to produce corpulence in the mother. This is contrary to the views of Moll,⁵ who believed that the feeding of bacon in lactation increased the milk fat.

The condition of the genital tract after labor is perhaps one of the most important factors in lactation. The disturbances of the infant, the frequent colic, etc., of the puerperium are frequently due to the abnormal stimuli from the traumatized genital tract of the mother influencing the breast secretion. In any case, when the infant has indigestion, green stools, does not gain weight, and this persists during the first five or six weeks after birth, the mother should be referred to the obstetrician for a complete gynecological examination. The writer has seen more than one case in which slightly-infected granulating perineal wounds, or subinvolution of the uterus, caused serious disturbances in the nursing infant; in fact, where breast secretion has been established and seems normal for a few days, and digestive disturbances in the infant begin to develop, it is as a rule, well to look for some irritative reflex from the genital tract.

Much dependence upon the chemical examination of milk has fallen into deserved disrepute; not only because the milk secreted differs in each breast, in the hour of day, in the period of nursing, but especially because it will be found after eliminating all these variations, that a theoretically abnormal milk will agree perfectly with an infant while a theoretically normal milk will cause disturbances. Perhaps the most valuable, and certainly the most available *single* method of determining the infant's food supply consists in weighing the infant before and after each nursing at different hours of the day for several days and computing the average. This will give the quantity of milk received daily with fair accuracy, and seldom is a low quality important if the quantity is sufficient. The stool examination in connection with the foregoing will be of assistance.

We will now consider some normal and abnormal aspects of breast feeding.

The normal infant nurses from seven to twenty minutes, strongly and vigorously and sleeps until a short time before nursing time.

He has at first several stools a day, light yellow in color, glistening and with a characteristic faint lactic-acid odor. Sometimes a slight regurgitation takes place; occasionally a green stool is seen. These are due to variations in breast secretion and have little significance, unless they persist. When the milk secretion is normal and the infant is normal there should be little deviation from this picture. The infant should sleep well and should cry a little before nursing, but not much at other times. When disturbances occur it is well to ask:

- (1) Is the disturbance due to overfeeding?
- (2) Is the disturbance due to underfeeding?
- (3) Does the fault lie with the infant or with the food?

When an infant is overfed, and this is a very common condition, certain symptoms occur which usually result in the physician being called. But because of the fact that many infants will tolerate large quantities of breast milk without obvious injury and, indeed, with rather remarkable gains in weight, often positive harm has been done before the symptoms become acute. The usual history tells of rather unusual gains in weight, accompanied by regurgitation and somewhat frequent stools. Next, vomiting, is noted, the infant becomes restless and perhaps loses in weight. Flatulence and colic come at this time, but the stools do not show anything abnormal excepting some white fat curds. The stools now increase in number and the infant is chafed at the buttocks. The stools are either green when passed, or become green on standing a short time. They contain mucus, and typical masses of fat soap curds.

The infant may appear drowsy at times, but is usually very irritable. The healthy pink color and firm tissue turgor is replaced by a pallid skin and flabby tissues. The abdomen is usually tympanitic and volumes of flatus are expelled, following severe attacks of colic. If the overfeeding is continued the picture changes to one of acute food intoxication, with fever and typical diarrhea.

The treatment of overfeeding is very *simple*. The food should be reduced in quantity. Usually this is best accomplished by increasing the interval between feedings, and limiting the time at the breast. If an infant has been nursed every three hours for twenty minutes, insist that he be nursed only every four hours for ten minutes. Often it will be found that the mother, interpreting the dyspeptic cry for one of hunger, has nursed him very frequently and for long periods.

If the fat content of the milk is too high, the comparative use of the breasts will automatically reduce its percentage. Exercise and a suitable diet will also help. But, unfortunately, abnormally rich milk is often found in the first few weeks of the infant's life, when the mother is unable to take exercise.

Underfeeding is not at all uncommon. While absolute absence of

breast secretion is rare, relative absence, or hypogalactia, according to Abt, is found in thirteen per cent. of all cases. When normal functioning of the mammary glands does not occur within four or five days it is easy enough to predict underfeeding in the infant. Usually under these conditions attempts to nurse the infant at the breast are abandoned. This is absolutely wrong, as breasts have been known to secrete milk as late as the twelfth day after confinement. Bottle feeding at this time should be accompanied by attempts at nursing.

Sometimes the secretion will be established, and later fail. Sometimes a spasmodic condition of the muscles of the mammary ducts will cause a "slow" breast. In both these conditions the symptoms of underfeeding will come on imperceptibly, and may not at first be attributed to the proper cause. This is especially true in the "slow" breast, which on examination will disclose a full, turgid gland. The infant, however, being unable to obtain the milk without fatigue, falls asleep and the mother supposes that he has had his fill. Nothing happens at first, for a healthy baby may receive no nourishment whatever for a whole day and show little change in the weight curve. After a time the infant ceases to gain, then a gradual loss occurs. If the total amount of food falls much below forty calories per pound of weight in the twenty-four hours, nutritional disturbances are always to be looked for.

After the weight begins to fall the child shows hunger symptoms. The skin becomes pale and wrinkled, the abdomen scaphoid and the temperature subnormal. The pulse is usually slow. The habit of sucking the fingers and rolling the head becomes almost constant. Constipation is the rule, and vomiting may occur. But a very characteristic feature of some cases is the small grass-green mucous stool, loose in consistency, but not frequent in number. This stool is not at all like the green stool of overfeeding, as it does not contain any undigested milk. It is a really important sign of underfeeding.

Underfeeding during the first ten days of life is frequently accompanied by acute symptoms—the inanition fever described by Holt. This, as we now know, is really a fluid starvation, and is helped by giving food and water in abundance.

Usually the differential diagnosis between underfeeding and actual illness is not difficult. Loss of weight will be common to both conditions, but the giving of food to the infant in underfeeding will usually cause the weight curve to rise. In other conditions, especially dyspepsias, the contrary may occur.

The observation of Moll, that in alimentary disturbances the phosphorus of the urine is greatly increased above normal, while in starvation it is diminished, furnishes a simple laboratory method of determining whether a loss of weight is due to starvation or actual illness. If the phosphorus is not increased it may be assumed that the alimentary tract is not at fault.

But, the simple method of weighing the infant, clothes and all, before and after each nursing at various times for a couple of days and obtaining the average should never be omitted. Valuable information as to the amount of food taken from each breast will be obtained. A guide to the amount of additional feeding needed is also obtained in this way. Sometimes the amounts of milk taken at different times of the day remain remarkably constant from day to day, and the amount of additional feeding necessary at each time may be determined with fair accuracy. Simple dilutions of whole milk, sweetened with milk sugar or cane sugar, furnish the best temporary food at this time. The sugar as well as the fat should at first be low in percentage, and increased gradually. Malt-sugar compounds, in the very young, seem to frequently produce gastric irritability. The additional food should always follow the breast feeding. Alternate feedings of breast and bottle should not be allowed. Sometimes the nursing of both breasts at one feeding and one breast and the bottle at the next will give good results. It is not an infrequent occurrence to have the bottle feedings abandoned after a little while, as the breasts begin to functionate. In fact, it is a common observation to have the quantity and quality of the breast secretion improve rapidly when the mother is allowed to return from enforced invalidism to her usual mode of living.

It is a good plan, after the first month, even when the breast secretion is normal, to offer the infant part or all of one feeding from the bottle, in order to accustom it to that mode of feeding. Often when bottle feeding has become a necessity, especially in the later months, the infant exclusively breast fed will refuse to take artificial food unless it has been previously habituated to it, and a period of great vexation and anxiety ensues for the mother, and sometimes also for the physician.

In enumerating some of the maternal reasons for difficulty in nursing, retracted and fissured nipples were mentioned. While the prophylactic treatment of the breasts belongs to the obstetrician, I cannot refrain from urging the necessity for an examination of the breasts, especially of the primipara, during the later months of pregnancy. Retracted nipples should be anointed by the patient daily with cocoa butter, and gently drawn out with the fingers, or by means of a breast pump, using very little force. The use of alcohol or alum applications by the patient is, I think, a mistake, since it may make the skin on the nipple brittle and favor fissuring. The fissured nipple should always be protected by a glass nipple shield, as the pain of direct nursing may in itself retard the secretion and flow of milk.

But, given all favorable conditions in the mother and in the quality and quantity of milk, there are some children who will not thrive. This is well seen in institutions where a wet nurse, under close supervision to prevent favoritism, will nurse two chil-

dren of equal age, one of which will thrive while the other loses weight. What are these conditions in the infant that cause this food intolerance, and what do we know about them?

We are familiar with food anomalies in premature infants, in those suffering from congenital heart disease, in children with advanced syphilis, or born of mothers with kidney lesions or eclampsia. There are still some infants outside of these groups with a "marantic" tendency, which we have all seen and which some authorities attempt to classify.

Abt describes one type as "the neuropathic infant—the child born of neuropathic parents." These cases have been grouped by Heim in a class which he calls "the hypertonic infant." Hochsinger also alluded to this group of cases in his text book in 1900. The symptoms are great nervous irritability, and a tendency to hypertonus similar to that observed in the first few days of life, often almost an opisthotonos. They wake easily, cry a great deal, and are apt to regurgitate food. Children of this class furnish most of the cases of pylorospasm. They seem always hungry, always colicky and, no matter whether fed by breast or bottle, fail to thrive during the first eight to twelve weeks. They act as if they had embryonic, or, at least, undeveloped nervous and digestive organs—and they probably have. They are very difficult to treat, and most unsatisfactory in every way. The giving of a grain or two of bicarbonate of soda about fifteen minutes before nursing, allowing the infant to eructate before putting it to the breast, and also holding it upright midway in the nursing for the same purpose, sometimes diminishes the regurgitation. Small quantities of proteid milk succeeding a breast feeding of five or six minutes sometimes helps. If these infants can be kept alive for about four months they seem to thrive after that period. Overfeeding is dangerous, and their caloric needs should not be exceeded. The attacks of colic, especially those occurring at night, are usually of the intestinal type, and may be relieved by the rectal tube and a small quantity of salt solution by rectum.

The exudative diathesis, of Czerny, the infants that have eczematous patches, a tendency toward enlargement of lymphatic glands and bronchial catarrh, and tolerate and digest food badly, is another vexatious group. Often it is thought by the mother that "the milk is too rich." Often such infants are weaned, to the attending physician's sorrow. Seldom does weaning alone improve the condition, especially in the very young. Undoubtedly these children tolerate fat and sugar badly, and unquestionably though a period of starvation will frequently improve the eczema, it will not improve the child. In such cases it is usually possible to obtain a gradual, but not average, gain in weight by cutting down the length of the nursing period, and preceding the nursing with an ounce or more of boiled skim milk and water, in

quantity and dilution suitable to the age of the infant. The occurrence of intercurrent attacks of pharyngitis or bronchitis or adenitis in these infants will frequently lose in a day or two what has been gained in a couple of weeks. The marantic appearance of the child suggests that the malnutritive condition is more important than the eczematous symptom. Here, again, small quantities of albumin-milk may be used to advantage instead of skim milk. For albumin-milk seems, in some way which we do not understand, to increase the tolerance for both fat and sugar.

The writer is fully aware that this very elementary paper does not contain anything particularly new or original, yet the importance of the subject is such that any attempt, however inadequate, to keep its discussion alive, has some justification.

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- (4) Helmholz; *Jahr. f. Kinderheilk.* 1909, LXIX, 153.
- (5) Moll; *Arch. f. Kinderh.*, 1908, XLVIII, 161.
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Dr. Frank Leech said that Dr. Foote no doubt felt that breast milk is *the* important food for infants. Dr. Leech wished to endorse the plea for persistent efforts to assure the mother's milk supply. He called attention to the valuable plan of keeping up the milk flow of mothers with infants too feeble to nurse, by having them suckle other infants until their own become strong enough. As to the correct nursing interval, five years experience had confirmed his view that the four-hour interval is best for the mother and the child. In carrying out this plan it is necessary to have the baby nurse from both breasts every four hours; this will afford the necessary physiologic stimulus to the glands. Of course there are some cases in which some modification of the four-hour interval may be indicated; he was speaking of the average mother and baby.

Dr. G. N. Acker had listened to the paper with interest and agreed with most of the statements made in it. It is highly important to insist that women shall continue to nurse their babies in spite of their reluctance to do so and of their insistence that their milk does not agree. He believes in the three-hour interval from birth; after two months the interval should be four hours. The great secret of keeping up the milk supply is the thorough emptying of the breast; unemptied breasts will soon stop secreting. When the milk supply actually flags complementary feedings will often enable the mother to continue to nurse the baby until the

breasts recover their milk-making ability. Careful management will often enable a mother whose milk does actually disagree, with the production of curdy, green stools, to continue to feed her baby at the breast; the proper feeding of the mother, the management of her exercise and sleep, and the administration of suitable diluents or correctives to the infant before and after nursing will accomplish this.

Dr. J. A. Gannon was glad Dr. Foote had discounted the value of so-called galactagogues. Mothers often need encouragement and good counsel in their efforts to nourish their babies, and these factors probably account for the remarkable success sometimes accredited to galactagogue drugs; the best stimulants to milk production are psychic.

Dr. I. S. Stone had been for many years impressed by the fact that much of the trouble with breast-fed children is due to over-feeding; this is best corrected by giving a full night's rest to both mother and child. A large obstetric experience had taught him the great value of the full night's rest.

Dr. A. B. Hooe could not discuss the very fine paper; but every man who had heard the obstetric lectures of the immortal A. F. A. King must have been impressed with the importance of the full night's rest for the nursing infant.

Dr. W. P. Carr wished to endorse Dr. Stone's remarks; his own experience coincided exactly with Dr. Stone's.

Dr. L. Glushak said that Dr. Foote had expressed the opinion that breast feeding should not be allowed in chronic wasting diseases like cancer and tuberculosis. What was his opinion in case a mother is a diabetic? In a recent case of Dr. Glushak's the baby of a diabetic mother became febrile when fed at the breast; as soon as it was put on an artificial mixture it thrived.

Dr. Lawn Thompson inquired: If a man cannot be true to himself how can he be true to his fellow man? He supposed some of the speakers who had said that the baby must not be fed at night were fathers; but if so, he suspected they had forgotten their early paternal days. Those of us who have not forgotten, are not able to advise with much earnestness the plan of letting a hungry baby cry at night until it learns better.

Dr. Foote said that perhaps the personal experiences of debaters had proved of more value than the paper. He held no brief for any particular feeding interval; this is an individual matter and depends on the size and vigor of the baby and the functional capacity of the mother's breasts. The idea of feeding from both breasts when using the long interval, as advanced by Dr. Leech, is based on sound physiology and is a valuable one. As to Dr. Stone's remarks upon the omission of night feedings, this is an important point; Dr. Foote had not gone into the matter because he assumed that it was understood.

As to the continuance of breast feeding by a diabetic mother,

he did not think it should be allowed. But it should be demonstrated that the mother is actually diabetic; glycosuria at the beginning of lactation is not uncommon, but it is often transitory.

ROENTGEN-RAY TREATMENT OF EXOPHTHALMIC GOITRE AND HYPERTHYROIDISM.*

By C. A. SIMPSON, M. D.,

Washington, D. C.

In speaking of the treatment of exophthalmic goitre by roentgen ray I do not mean to state that it is a specific in any sense, but I do consider it a reliable and valuable therapeutic agent. There are complete failures as I have reported in my other articles and as I shall report in this, but I have seen just as complete and quite as many failures following surgical removal of the gland. Another point I wish to make is that many of my cases were highly toxic and some had been refused operation by competent surgeons, and when surgical results showing higher percentages of recoveries are reported, I find that the patients were more or less selected and less toxic than many of mine. In reporting the following 15 cases I am not considering any of the 28 cases I reported in my paper last year.

In order not to take up too much of your time I shall mention under the title of improvement, a reference to the gain in weight and strength, and improvement in the nerve symptoms. These with a description of the change in the pulse rate are a fair index of the response of these patients to either x-ray or surgical treatment. In most of my patients there has been a decrease in the size of the tumor, in a few the size of the neck has become normal.

I find the exophthalmus hard to influence with the ray, the same difficulty being met with when portions of the gland are excised.

Besides these 15 cases for which I should like to publicly express my appreciation, I have had two other cases sent to me by Dr. Seibert. I have no records of these cases, but as I remember, they both responded very well to the x-ray. In 17 cases I feel that 4 were failures. Of the four, one had carcinoma of the thyroid, which naturally made a good result impossible.

* Read before the Medical Society January 24, 1917.

Name.	No. of treatments.	Pulse.		Other improvement.	Referred by—
		Before.	After.		
Miss B.....	2.....	110	100	Little change	Dr. Spencer.
Mrs. B.....	10 interrupted	160	80	Gain in weight, 8 lbs. Much stronger; less nervous.	Dr. Claytor.
Miss C.....	7 contin. interrupted	100	100	Mental ease, no change..	Dr. Logie.
Mrs. F.....	7	120	88	Gain in weight and strength; less nervous.	Dr. Spencer.
Miss M.....	3.....	100	76	Apparently normal in strength and weight. No tremor or nervousness.	Dr. Seibert.
Mrs. H ...	6 still under treatment.	160	110	Gain in weight and strength; less nervous; neck normal.	Dr. Tibbetts.
Mrs. N ...	4. refused more.....	180	140	Showed some little improvement; operated on. Carcinoma of thyroid. Died same day.	.....
Miss T.....	8.....	(Very weak) 140 1 year later 90	82	Gain in weight and strength. Now walks 2 miles with ease.	Dr. Claytor.
Miss T.....	6.....	(Very weak) 155 1 year later 84	84	Neck normal; walks 12 blocks with ease. Very much less nervous; little or no tremor.	Dr. Mallory.
Mrs. T.....	6.....	110	84	Improvement in weight, strength, and headaches; less nervous.	Dr. Bryan.
Miss L.....	5.....	115	95	Some improvement in weight and strength.	Dr. Thompson.
Mrs. V ...	5.....	104	69	Apparently well and symptoms subsided.	Dr. Tibbetts.
Miss S.....	6.....	140	120	Little or no improvement to be noted.	Dr. Kaufman.
Miss R ...	6.....	125 1 year later 90	90	Much stronger; great gain in weight; less nervous; able to do work better.	Drs. Claytor and Morgan.
Miss C.....	3.....	105	80	Symptoms disappeared, feels well and discontinued treatments.	Dr. Huntington.
M. D.....	5.....	Apr. 14 100	May 30 75	A considerable improvement in nervousness and drop in pulse rate. Dr. Karpeles tells me that this did not continue after six months.	Dr. Karpeles.

My papers of the past, *Medical Record*, Sept. 4-15, and *Sou. Med. Journal*, October, 1916, have not given any personal views on the etiology of exophthalmic goitre because I have none. I am concerned only in the x-ray treatment and I have confined my statements concerning etiology to quotations from modern literature on the subject such as the reports of Kocher, Nordman, Garrie, Crotti and the Johns Hopkins Bulletin. The indirect causes of hyperthyroidism and exophthalmic goitre may be an enlarged thymus, a tainted pituitary, a focus of infection in the teeth, or the action of the sympathetic nerves on the thyroid, any of which the internist says may be possible. Can it be that such factors would be so considerate and obliging as to assert themselves on the poor patient before she came to me and gradually desist in their pernicious action while she is taking the treatments only to set upon the victim once more when her symptoms are improved enough for her discharge? The varying etiological factors and

theories changing from year to year have no more influence on the results following Roentgen-ray atrophy than on those resulting from surgical removal of portions of the over-secreting gland. The object of the two treatments are the same, namely, the destruction of enough of the secreting area of the gland to counter-balance the overproduction of iodine. Surgery does this by excision, sometimes resulting in a fatality. Roentgen-ray accomplishes the same by atrophying the gland without danger even in the most toxic cases.

There can be no question as to the desirability of an ambulatory treatment rather than the inconvenience, expense and danger of an operation.

The action of the Roentgen-ray is based on what every medical man, especially Roentgen therapist, is supposed to know, namely, the selective action of the ray and the radio sensibility of the tissues treated. It is this action that gives us our results in treating cancer and keloids and which produces sterility, atrophies the ovaries, thymus and overactive thyroids. When one criticises this action he seeks to destroy the very foundation upon which Roentgen therapy is built and denies its one chief virtue. I base my results not only on my little knowledge and experience but I quote such authorities of Europe and America as Freund, Beck, Ledean, Ladin, Stoney, Kuchendorf, Wagner, Howell, Hollang, Weiderman, Gilmer, Schesinger, Stegman, Schwarz, Butler, Schultz, Williams, Campbell, Blalock, Pancoast, Pfahler, Sidney Lang, Aikens, Groover and Pfender. One author in particular, Schultz, is quite able to withstand the criticism of anyone. His large experience and the authorship of the most modern work on Roentgen therapy in the English language should be enough to carry at least some conviction. The treatment of enlarged thymi and hyperactive thyroids by massive doses of x-ray constitutes an advance in therapeutics that is quite equal to, if not as spectacular as, what massive doses of the ray have accomplished in skin cancer. Besides its well-known atrophic action on the thymus and overactive thyroid it may be aided in its results by its well-known action on terminal nerve endings which is often to be seen when it quickly, and at times permanently, relieves the itching of pruriginous skin lesions and the pain of cancer. In this connection it is possible that the ray has an inhibitory action on the sympathetic nerves that supply the thyroid gland.

As a matter of fact the assertion that the Roentgen ray has no effect on exophthalmic goitre is untrue, easily refuted and can be proven incorrect in a line, namely, first, if the ray has no effect in cases of Graves disease, how could it change cases of well marked exophthalmic goitre into typical cases of myxoedema?

Second, what except the action of the ray could cause the thickening, adhesions and sclerosis of the capsule and trabeculae of the gland which every surgeon claims occurs in all cases of

Graves' disease that have had preoperative Roentgen-ray treatments.

Dr. W. P. Carr was much interested in the patient presented, because four years ago Dr. Mallory had sent her to him for operation for the relief of ulcer of the stomach. The pylorus was found to be much indurated about the ulcer, a considerable portion of this end of the stomach being in a condition much resembling *lienitis plastica*; he had been prompted by these conditions to resect the pylorus, removing about a third of the distal end of the stomach. The patient had suffered from persistent vomiting before the operation, and for about a year afterward she did not do much better. He wondered if these experiences had had anything to do with the development of the exophthalmic goiter.

Dr. H. C. Macatee said that perhaps the members might be interested to know that her pulse rate as she sat before them was 110. This did not seem excessive in view of the natural nervous tension incident to her unusual experience.

Dr. Tom A. Williams said that before the meeting the patient's pulse rate had been 100. The thyroid gland in this woman's neck is palpable as an indurated mass; this has a bearing on the controversy over the effect of the x-ray in these cases. For when the large soft gland of florid goiter recedes under medical treatment, nothing will be found except the barely palpable gland of normal dimensions but after roentgenization there will always be left a large tough mass, which is proof of the cicatrization of the gland and the virtual extirpation of the hyperplastic tissue. This was proved, however, a good many years ago by experimental work in Paris where the technic of deep roentgen therapy was developed much earlier than in this country. Dogs were exposed to the rays, and the glands examined post mortem; thus the effect of the rays in causing the destruction of parenchymatous cells in deep organs was demonstrated. This observer theorized that Graves' disease could be treated in this way; and proved the matter on dogs, later applying the method to human subjects. It was noted then that the condition of goiter subjects was aggravated after the first treatment, but the symptoms were ameliorated later; these observations are confirmed by present-day experience.

Dr. S. R. Karpeles said that the last case reported was that of a patient recently under his care. This woman had a large thyroid, tachycardia, tremor and general nervousness. She had five x-ray treatments and then went away for a rest. When seen recently the gland was found to be larger than before, the tremor persisted, and the pulse rate was 110; it would seem from these facts that the roentgen therapy had not been of much benefit in this instance.

Dr. H. H. Hazen said there could be no doubt that x-ray treatment will enormously help a minority of the cases of exophthalmic goiter; but as shown by Dr. Reede's recent paper, other glands are

involved in this syndrome, and we therefore cannot hope that the whole symptom complex will be helped by roentgenization of the thyroid gland alone. A factor that must always be kept in mind is the hardening effect of the rays on the gland and on the tissues around it; this cicatrization is apt to interfere greatly with later operative measures. Many of the early enthusiasms over x-ray treatment of goiter will wane after longer experience. We need to follow the cases over a considerable space of time; often the real good comes from coincident general treatment such as the eradication of focal infections. The importance of a complete study of all these cases before beginning any form of treatment should be emphasized; otherwise the results cannot be controlled. Dr. Hazen also emphasized the importance of knowing the x-ray dosage and the penetrative power of the tube used. While a great advocate of the pastille method of measuring x-ray dosage, he felt that the milliamperage method was necessary also.

Dr. J. H. Selby wished to correct what seemed to be a false impression made by him in his discussion of Dr. Reede's paper recently; what he had meant to say was that he had yet to see a severe toxic goiter which had been entirely and completely cured by x-ray treatment alone. This opinion was based on his own experience and the statements of many other workers in this field. There must always be other treatment looking to the relief of contributing causes; otherwise surgery or x-ray or anything else will not cure exophthalmic goiter alone. He admired Dr. Simpson's enthusiasm and persistency; but his own results did not justify such enthusiasm.

Dr. Carr said that Dr. Selby was rather too pessimistic in his attitude to the therapy of exophthalmic goiter. The Mayos are curing about 65 per cent of their cases. Of course, we all know of failures after operation as well as after other measures. Some cases fully recover after x-ray treatment; he had seen one case cured by Dr. Selby, only the woman didn't know it; she had come to Dr. Carr requesting operation for the goiter, but he declined to do it because she had no symptoms of hyperthyroidism. Another woman he had seen was exceedingly toxic; she had exophthalmic goiter, and great nervousness. Dr. Abbe cured her with radium. Dr. Carr himself had cured one case with a single injection of boiling water; this patient's pulse rate fell from 160 to 80 in fifteen minutes and has not been up since. He thought he had struck the real thing for goiter, so he tried it on the next case. This young woman's pulse rate came down from 160 to 120; but went up again, when a second injection brought it down to 90, only to go back to 160 when she was allowed to get out of bed. He then operated and removed one lobe of the thyroid and injected the other; but as soon as the patient got up the pulse rate ascended. He then ligated the vessels, but this did no good. Then he removed the rest of the thyroid except a portion of the isthmus; still there was no real improvement and she was sent to Dr. Roy for

medical treatment. The pulse rate remained at 160 despite treatment and she was sent to Dr. Bishop for electrical treatment; this proving unavailing, x-ray treatment was given and the pulse soon came to normal. She got married, has a baby, and is well. It is not fair to say that we can cure none of these patients. Of course, toxic causes contribute to the etiology of exophthalmic goiter, but most cases are caused directly by fright or other profound emotional disturbance.

Dr. Williams said that the discussion had disclosed some confusion regarding the issues involved; one issue is on the effect of x-rays on enlarged thyroids; the other is on the control of the general symptoms of toxic hyperthyroidism. The destructive effect of x-rays can do good only in cases with too much thyroid juice—the sympaticotonic cases; such treatment does harm in the vagotonic cases, where the thyroid gland is struggling to meet the demands of the body. Resection is in exactly the same category as roentgenization as far as therapeutic applicability to an individual case is concerned. Either is appropriate in certain cases while in others neither will be. These cases must be treated by specific hormone therapy.

Dr. H. W. Jaeger had referred a case of exophthalmic goiter to Dr. Simpson for treatment. After seven treatments this patient, a school girl, was much improved. On resuming her school duties there was a return of the symptoms, but a renewal of the x-ray therapy had resulted in improvement again.

Dr. Selby could not in good faith take the credit for the cure of the case cited by Dr. Carr. This woman had had four abscessed teeth treated by Dr. Crane before the x-ray treatment had any effect whatever.

Dr. E. G. Seibert sees daily in his clinic at the Geo. Washington University Hospital fourteen or fifteen patients, most of whom have filthy mouths from carious teeth, but they do not have goiters. In the case of Miss M., cited in Dr. Simpson's series, the teeth were perfect, but she had a toxic goiter. These cases are greatly helped by x-ray treatment. He did not believe that they are completely cured of the syndrome in all its aspects by x-ray treatment of the thyroid, but if they are helped, the therapeutic measure is justified.

Dr. W. C. Borden said that the Society had been engaged in talking much about a subject concerning which we know little. If Sir Arbuthnot Lane were here he would say that Dr. Seibert's patients' teeth were all right but her colon needed removal. The truth is that some goiters will get well with no treatment; others will get well with any treatment; and others will not get well with any known treatment. There are some goiters in which irremediable changes have taken place; such cases should not be cited to discredit a form of treatment under which they did not recover. He asked the essayist how he decides when he has gone far enough with the x-ray exposures; this question was prompted by the state-

ment that x-ray treatment may be followed by myxedema. He also wished to know what effect the rays have on the parathyroid bodies.

Dr. C. A. Pfender liked what Dr. Simpson had said and how he had said it. The paper comprised a very full presentation of the present status of roentgen therapy for exophthalmic goiter, and was valuable for the wealth of facts based in part on personal observations and in part on wide collateral reading. So much of the discussion of this matter is without value because no regard is had to the classification of cases; does a doctor speak of light, early cases, or has he in mind old chronic, degenerative cases? The result of treatment depends on what state the patient was in when the treatment was undertaken. As to the checking of results, he had worked on this subject for four years; he could give the complete record of ten cases, all checked up in every particular; the primary condition of the patient; the present condition of the patient; the number and intervals of treatments; the dosage used; the penetrative power of the tube. Seven of these patients are well and have been so for several years. He irradiates the thyroid, the thymus, and the sympathetic nerves; and these patients need just such thorough treatment. He does not undertake to say that he cures these patients; he merely makes the assertion that they are symptomatically well.

Dr. W. A. Jack said that from personal observations of the x-ray treatment of goiters, he does not like it; for the most important reason that it makes them *messy* to get out at operation. He had removed many glands that had had x-ray treatment and also many that had had medical treatment; there could be observed the same recession of the gland in both classes, only the glands that had receded under medical treatment were easier to get out.

Dr. Simpson had appreciated the full discussion. In the first place he would observe that in exophthalmic goiter and hyperthyroidism we have not yet developed an ideal treatment. For himself he would rather have x-ray treatments than to have his colon removed or to go to bed for three months. He expects always to have a certain number of failures, and when he does he expects to report them with his successes. Whether the symptoms in a given case are ultimately due to dyscrasias of the pituitary, thymus, thyroid, adrenals, or bad teeth, the patients suffer from the circulation of too much thyreoidin; in diminishing this over-production x-ray treatment performs the same function as surgery or ligation. He was unable to say how many doses of x-rays may result in the production of myxedema; he is guided by the clinical symptoms. Practically he gives six or seven exposures at intervals of two weeks, or until the pulse rate comes down. If the pulse does not go over 85 after exercise, he considers the patient cured. One of his cases was extremely toxic and was improved after x-ray treatment; later this patient was operated upon and died the same day. The worst result he had ever had was better than that.

NEOPLASM OF THE INSULA ILLUSTRATING
FOCAL DIAGNOSIS.*

By TOM A. WILLIAMS, M. B., C. M., Edin.,

Washington, D. C.

A preacher and farmer, aged 46, of peculiar family, near Winchester, Va., was seen in consultation with Dr. Stuart of that town. Two years before he had a prepatellar bursitis, the infection of which spread and laid him up for six weeks. Sixteen months after this his wife conceived, after a lapse of twenty-three years. She became emaciated and very ill, which caused great anxiety to him and which culminated in a labour of forty-eight hours, during which he stayed up in agony. After this he collapsed, and a state of confusion persisted until I saw him. There was a history of dysarthria, with drawing of the mouth and a clumsy feeling of the tongue. Constipation, nausea and occasional vomiting, and soreness of the head had led to a suspicion of auto-toxemia. Torpidity and slow responses had increased this suspicion. But the failure to find his words clearly during the preceding few weeks, inequality of the pupils, and increased knee jerks led Dr. Stuart to suspect a lesion of the brain, and I was sent for.

Further interrogation led to the admission by his wife that the quality of his voice had become different for the past six months; that drowsiness had been noticed for a year; that his power of thought had seemed diminished, and that peculiar sensations had been complained of in the right hand for six months. The urine was normal. Blood pressure 109.

Examination.—Motility. Mouth deviated to the left when opened, the right side did not open fully. Tongue pointed to the right. The right arm could scarcely be moved, the grasp very weak, right leg could hardly move, and the left could not be raised from the bed. The contralateral pressure of the right heel was feeble. The muscles of the right leg were firmer than those of the left; otherwise tonus seemed normal. The patient veered to the right in walking supported. He spoke only with great difficulty and rarely, and volitional phonation was not accomplished at all.

Reflexes.—The right abdominal reflex was absent, the cremasters equal, the plantar reflex was flexor to stroking, but extensor to sural pressure. The left plantar was slightly flexor. The patellars were slightly increased, especially the right. The right

* Reported to the Medical Society January 10, 1917.

radial and triceps were increased, the iliac and maxillary could not be elicited.

Sensibility.—No defect could be found, even the sense of attitudes appearing intact. The pupils were unequal, reacted to light. The optic papilla was normal.

Psychologically the understanding seemed complete. There had been no abnormal emotional reactions except worry about his wife's condition.

Summary.—The grounds for diagnosis were the history of the right arm paraesthesia, the history of dysphonia, the history of torpor, headache, nausea and vomiting, the presence of aphemia and right-sided spastic hemiplegia, paraplegia, and unequal pupils, the absence of kidney disease, and arteriosclerosis; the normality of sensibility and the understanding of the spoken and written word, with conservation of intelligence.

The factors not germane to the diagnosis were the family history of peculiarity, the infectious bursitis, the long anxiety and lack of sleep during his wife's illness.

Diagnosis.—The diagnosis of neoplasm of the Island of Reil was made with great confidence in spite of the absence of papi-loedema, very violent headache or severe vomiting. The reasoning was based upon the very clear history of sudden lapses in motor speech during preaching, months before worry or general ill health had occurred; the paraesthesiae and clumsiness of the right hand, while he was otherwise well, and the signs elicited at the examination, which indicated impairment of the motor projection fibers and the motor speech fibers. The fact that the arm fibers had been implicated so long before the leg was affected showed that the lesion was not in the capsule, but was either cortical or subcortical. A cortical lesion would not have led to impairment of speech until it reached the left inferior frontal region, long before which it would have caused a severe brachial paralysis, which had not occurred. Therefore with regard to the arm fibers the lesions must be between the capsule and the cortex in a position where it could implicate fibers going to the speech apparatus. Such a position must impinge upon the Island of Reil, and it was therefore to that region that the lesion was attributed.

In case the neoplasm were upon the surface of the Island and therefore accessible, osteoplastic craniotomy was advised rather than a mere decompression which would not permanently improve the function of speech and arm.

The next day this operation was performed by Dr. Stuart and assistants.

In making his report Dr. Stuart wrote me the following letter :

"My compliments, in which Dr. McGuire joins me. The tumor, a part of which I have mailed to you today, was situated just above and internal to the Island of Reil and shaped like a

flattened egg (and about the size of a duck egg), evidently originated just outside of left lateral ventricle in white substance and pushed forward into the frontal area. The part I sent you was the anterior end and the only part showing any separation from brain substance at all. The balance was infiltrating and showing no lines of demarcation except in color, which was a pinkish gray, with small areas of brown stains (hemorrhages).

"Yesterday morning at ten o'clock I did a Hartley-Krause osteoplastic flap operation, exposing a large area from the Rolandic fissure forward two inches. Everything looked perfectly normal, except when the dura was turned down, and the brain pushed into the opening. Everywhere the brain was soft and pulsating. After the operation he never regained consciousness, and died this morning at 11:30, twenty-four hours after the operation. He simply became more and more comatose and so died. He had several attacks of tremor in left arm and leg, but never moved the right side. Peculiarly about half an hour before he died the left pupil became widely dilated and the right one contracted down to a small point.

"Postmortem showed that the tumor was one-half inch from cortex, and before sectioning the brain we could feel absolutely no difference in density between the two sides, and different parts of the same side."

It proved to be a gliosarcoma, in the opinion of Major E. R. Whitmore, U. S. A., who made the histological examination.

SOME EXPERIENCES IN THE USE OF CHLOROFORM.*

BY LLEWELLIN ELIOT, M.D.,

Washington, D. C.

The questions:—Which general anesthetic is the safest, which is the best, and, which is the most satisfactory, are not under discussion, therefore, it is not my purpose to precipitate a discussion of the relative merits of the several agents. The ultimate choice of an anesthetic is determined by individual preference, based upon experience, and upon a study of the agents, together with their incident dangers.

Experience with anesthetics of every kind will teach much more than tables of statistics. One may prove almost any problem or proposition with tables of figures, since the aim is to establish a desired point; another may take the same figures and so juggle them that the solution becomes little more than a man of straw. It is not the figures that count, it is the man behind the figures that counts.

*Read before the Medical Society, February 7, 1917.

I am one of the few men in this city, who use chloroform, almost exclusively, when a general anesthetic is needed; this anesthetic was adopted quite a number of years since, and notwithstanding the fact, that a few trying times have come to me, there appears no reason to abandon the agent of my choice.

Trained in a school of bold, fearless, yet careful operators—of whom J. Ford Thompson was the last survivor—men who controlled bleeding with the ligature, the bulldog forceps, *serres-fines*, torsion, or the tourniquet; who, in some instances rubbed the cut and bleeding surfaces with a coarse towel, even, in some instances touched the surface with chloroform, where now we rush for the hemostatic forceps or a clamp; men who worked for the pleasure of doing a service to their fellow man, I have given anesthetics thousands of times and there has not been one death from anesthesia narcosis or anesthesia accident in this number of administrations.

The methods we employed in former days differed very much from those of to-day, and in some instances they may have been cruel, since brute force was frequently used to restrain a struggling patient, and crowding the anesthetic was almost a rule.

Times without number a patient has been held on the bed or on the operating table, by as many as seven men, each one eager to prove his superior muscular power; the chloroform, or the chloroform and ether, or the ether alone was poured, in unmeasured quantity into the cone or the inhaler; this was then held tightly over the nose and mouth until relaxation set in.

Sometimes the victim was so overwhelmed by the crowding of the anesthetic that loud snoring was soon noticed; then for a few moments there was a let up.

Small wonder patients did not die, since the operator and his assistants usually engaged in conversation, story telling, or joking, while the anesthetizer paid attention to what was said, as well as, to the patient. Pinching, pricking the skin, touching the eyeball, lifting the hand or the arm, was generally followed by the remark: "He's under." Where the danger line was near at hand, nitrite of amyl, hypodermics of whiskey or brandy were given in conjunction with slapping the face with a towel wet with cold water, artificial respiration, vigorous rubbing with the knuckles on the sides of the chest, pressure on the supraorbital nerve; sometimes the patient was hung head down over the shoulders of one of the willing helpers; sometimes a catheter was passed.

An examination of the published records of the District of Columbia since 1890 has shown very few deaths recorded as the result of anesthesia narcosis or anesthesia accident, and even then the specific agent is not always mentioned. They number 28.

Causes of death such as:—"Surgical operation, Instrumental delivery, Hysterectomy, Cesarean section," and other like terms may mean shock from loss of blood; they may mean shock from

an anesthetic; they may mean suppression of urine from an anesthetic.

Few men are willing to write: "Shock from chloroform," or "Chloroform narcosis" as a cause of death; they fear criticism and dislike to be known to the people as the man who killed his patient with too much chloroform. It is this fear that causes a physician to ignore a fatal suppression of urine and a uremia following, in a few days, an otherwise successful operation, although he knows full well that the anesthetic was the cause of the death, pure and simple and nothing else. This same line of reasoning applies to pneumonia; ether-pneumonia is well known to the profession.

The youngest patient to whom I have given chloroform was two days old, the eldest was eighty-three years old.

Several years since I used an apparatus obtained from one of the manufacturing firms of Philadelphia; it was a success as an apparatus, but its weight, and the delay in having the oxygen cylinders refilled caused it to go to the scrap heap of unused things. The chloroform was passed along with the oxygen.

One patient required eight ounces before she would come under the influence; it required one hour and a half to administer it, while another patient was narcotised with one ounce after failure with one pound and a half of ether.

Administration of chloroform to sleeping subjects has, as a rule failed me, therefore, as a general proposition it is a futile piece of work.

My experience has taught me not to give any general anesthetic in the absence of a third party; also, that the younger the child the more required.

Under what was called the first insensibility of chloroform, whitlows and other abscesses may be very readily and painlessly incised. This insensibility follows self-administration; I have resorted to the plan several times.

As an instance of the after, that is to say, the recurrence of the narcotism, I remember a case of strangulated hernia operated on; the man came out of his narcotism without annoyance, but three hours later, he arose from his bed and walked about his room entirely unconscious, nor did he have any recollection of the occurrence at any time during his convalescence.

Few persons attempt suicide by means of chloroform; it is an unusual weapon, but it is very pleasant to swallow by inhalation; if taken by the mouth it is very unpleasant. Two such instances have come to me; one by inhalation, the other by swallowing the agent.

A white woman, aged 30 years inhaled chloroform and became thoroughly narcotized; under the use of nitrite of amyl she recovered.

A white man, aged 60 years, swallowed two ounces; he was seen

in ten minutes. His condition was: Extremely exhausted, eyes sunken, dilated pupils, coldness of the extremities, weak pulse, intense burning in the throat and in the belly, sighing respiration, great inclination to sleep. He was given emetics, strong coffee, sweet oil, and prevented from going to sleep. Recovered; sent to insane asylum two months later.

Chloroform relaxes. Still one case upon which I operated for some internal hemorrhoids, had before and during the operation a very annoying spasmodic rigidity of the anal sphincter. This was the only time I saw this condition.

Three cases where there was sexual excitement while under the influence of chloroform have been noted. Two occurred during labor after the os was well dilated; the second was in a case where the uterus was being emptied in an incomplete abortion. These women were of a refined type but subject to attacks of nervous depression. One of them became an inmate, for nearly a year, of the insane asylum.

In renal colic or in gallstone pains, chloroform has such a relaxing effect, if given internally and persistently, that many times operation may be deferred.

In flatulency, I have had many successes in relieving patients through the internal administration of the spirit of chloroform.

In a woman with postpartum convulsions, we gave by inhalation during twenty-six hours, one pound and a half; she had sixteen convulsions but made a complete recovery.

Once it was necessary to give chloroform for two and a half hours before the anesthesia was deep enough to begin work, in an operation for hemorrhoids and anorectal fistula.

In a case of high forceps, the woman, a very fleshy woman, there was sudden collapse while the forceps were in position; she became almost pulseless and blue in the face; the head and shoulders were lowered, artificial respiration performed, hypodermics of strychnine sulphate given; she rallied in about fifteen minutes and delivery was completed. This same patient, some months afterward was again given chloroform after local anesthesia had failed me. In this second administration there was no bad effect.

A woman operated on for lipoma of the rectum with hemorrhoids, took chloroform very badly, she quickly became collapsed and was resuscitated with difficulty. This woman had previously had a similar experience in Chicago, Ills.

A woman, of a very nervous temperament, was given chloroform for an operation; without warning she became pulseless; face and hands took on a dark color. This was the closest I have come to death from anesthesia. The woman was suspended head down; artificial respiration employed; three drops of nitrite of amyl inhaled; hypodermics of digitalin gr. 1/100; in ten minutes three more drops of nitrite of amyl; in ten minutes three drops more; there was now a slight effort at respiration; put to bed and hot

bottles applied. At the end of an hour she was sufficiently revived to be left with a nurse. The only inconvenience following was a little cloudiness of the mind, pains and fulness of the head; this fulness of the head was due to the inhalations of the amyl, and passed away in two days; her recovery was complete.

A man was given chloroform for amputation; without warning he became pulseless and ceased to breathe. He slipped from the table head down and was allowed to remain in this position until the nitrite of amyl was used; he recovered.

A baby, two days old was operated on for umbilical hemorrhage; breathing ceased; the baby was suspended and it revived; the operation was now continued; it collapsed a second time, revived but died the next day.

A man, with a diagnosis of syphilis, gonorrhœa and phymosis, was given ether, then chloroform. In this case there was neither hurry nor crowding of the anesthetic. The ether had a very depressing effect and for that reason chloroform was substituted. He collapsed. In this case suspension appeared to have no effect; during the suspension fluid ran from his mouth and nose, the eyes were set and staring, no pulse could be detected at the wrist; he was apparently dead. We were beginning to despair when a faint, scarcely perceptible effort at respiration reassured us; nitrite of amyl was now used, although ten minutes had elapsed from the time of his collapse. The operation was deferred until some days later it was done under a local anesthetic.

Such has been my experience with chloroform. I have seldom administered it until examination of the heart has shown a patient would be able to stand it.

In giving chloroform one must be ready to show his justification in his selection; he must be ready to meet any possible emergency that may arise; he must have a man, in whom he has confidence, administer it; be supplied with nitrite of amyl, tongue forceps, hypodermic syringe, strychnine, digitalis, and all other necessary means to combat shock or overnarcosis.

Chloroform, when it proves fatal, does so quickly, and in many instances the autopsy table will fail to show the cause of the death. Ether on the other hand, is slower in its action, since death may occur from uremia or other cause several days after an operation.

Dr. P. S. Roy had always thought that chloroform was a dangerous drug; Dr. Eliot's paper had served to confirm that opinion. Much work had been done to show why chloroform is dangerous; and Levy had pointed out that the victims of this drug die from ventricular fibrillation—a condition for which no treatment is available. If this condition develops in a patient and he recovers from it, it is because the Almighty sees fit to cause his heart to begin beating normally again; there is nothing man can do to help.

Therefore, chloroform should be dropped from the list of eligible anesthetics.

Dr. C. N. Chipman said that looking back into the history of chloroform we will find here and there mention of unaccountable deaths during the administration of this drug; this is the history of chloroform to this day. Those who die are not necessarily weak individuals; they are often strong, perfectly healthy persons. It seemed to him that anyone giving chloroform for anesthesia to-day might very easily be convicted if haled into court because of a disaster. He had collected the statistics of deaths from anesthetics on the table in this District, and had found that there had been twelve or thirteen such deaths from chloroform, during a period of 5 years and the death rate was one in every 243 persons who took chloroform. And the immediate danger is not the only danger to be reckoned with; for chloroform causes more remote deaths than ether. Anyone who has seen the acute yellow atrophy of the liver which may be caused by chloroform will no longer doubt the disorganizing power this drug may exert on the human organism.

Dr. I. S. Stone had no desire to discuss the question of the eligibility of chloroform as an anesthetic; that had been settled. We may expect always to have advanced the thousands of cases in which chloroform was used by the old masters without fatalities; but we need to remember that in the old days, the surgeons operated very quickly and the modern time-consuming operations were not done at all. When the autopsy shows the changes that chloroform may produce in the organs, it is useless to discuss the propriety of administering it further. He wished to comment on the statement made by Dr. Eliot that he had always taken the precaution to assure himself by auscultation that "the heart was all right"; this precaution was of little value, because the heart that fails under chloroform does not give sign in advance, while it is the common experience of surgeons that patients with ascertainable valvular disease of the heart may take anesthetics very satisfactorily.

Dr. Boswell said that it had taken him some years of experience to be sufficiently warned against the use of chloroform. He recollected several cases which very narrowly escaped fatal disaster during chloroform narcosis; one of these was a case of Dr. Eliot's. If Dr. Eliot had used ether in some of the cases reported in his paper he would have saved himself some moments of very painful anxiety.

Dr. Eliot had made a number of experiments upon chloroformed animals; he had exposed the heart, and when under chloroform the heart had almost ceased to beat, the inhalation of nitrite of amyl had restored the heart to normal pulsation. This had convinced him that amyl nitrite is a natural antagonist to chloroform. Laboratory dicta may discount the value of amyl

nitrite in chloroform poisoning, but actual experience had proved its usefulness. He had not raised the question of the safety of chloroform and therefore he did not propose to discuss that feature. In any case however, if the physician is sure of himself and of the condition of his patient, he should go ahead, afraid of nothing.

CASE OF AORTIC ANEURYSM.*

By H. C. MACATEE, M. D.,

Washington, D. C.

Mrs. F., 67 years of age, white, widow, born in southern Virginia where she resided nearly all her life. She married early and had one daughter; her husband died of "congestion of the liver" many years ago; the daughter reached adult life and died of puerperal sepsis. Mrs. F. lived the rather laborious life of a country housewife; she had no illness of significance, except one attack of renal colic (right kidney), until one year ago. In February, 1916, she had so-called grippe; fever, catarrh and cough. During this attack she suffered from an intense burning pain between and just below the scapulae. She never fully recovered from the grippe attack; weakness, constant pain in the back, and occasional attacks of violent pain simulating left renal colic being the residual symptoms. She came to Washington for the purpose of securing surgical treatment of the suspected renal calculus and thus came under the care of Dr. J. Thomas Kelley, who referred her to Dr. C. A. Pfender for roentgen examination. Dr. Pfender was unable to detect any kidney stones but did find evidence of gall-stones, which were removed by Dr. Kelley, the cholecystotomy passing uneventfully except for one or two attacks of acute pain resembling renal colic.

On leaving the hospital, her old pains continued as before. The surgical features of the case being past, she came into my hands. The presenting symptom was pain, a burning pain in the back, lower thoracic region, and a remittent boring pain darting through the left flank and terminating with added intensity in the left hip. Physical signs in chest negative; abdomen negative, except for a certain flat rigidity of its walls. There was constant tenderness over the spines of the 12th dorsal and 1st lumbar vertebrae. No diagnosis was attempted until further observation. After several days, symptoms of partial obstruction of the bowel appeared; great tympany, vomiting and return of enema water without feces or gas. Castor oil procured liquid stools and disappearance of the tympany; but the symptoms all reappeared in a few days. Rectal

*Reported with specimen to the Medical Society, January 31, 1917.

examination disclosed an indurated area high up in the rectum and cancer of the sigmoid was suspected; Dr. Kelley, however, found the indurated mass to be the atrophied, retroverted uterus, and the obstruction to be due to impacted feces. After repeated high enemata the obstruction was overcome, but the symptoms tended to recur and the pain continued unabated.

In view of the constant tenderness of the two vertebral spines noted above and the character of the radiating pains, I concluded that the patient probably had a cancerous process going on deep in the abdomen, attached to or involving the vertebral column and probably concerned in the production of the fecal stasis in the sigmoid. While arranging for a study of the large bowel by bismuth and x-ray, the patient had a series of three angina-like seizures in a space of fifteen minutes and suddenly died. I thereupon expressed the opinion that she had probably died of internal hemorrhage from ruptured aortic aneurysm, located probably very low in the thorax, and requested the privilege of making an autopsy.

Autopsy. The abdomen was found full of serum and clots. The pelvic organs, the large and small intestines, spleen, kidneys and liver (except the adhesions resulting from the cholecystotomy) were normal. The lesser curvature of the stomach was surmounted by a purple sausage like mass, the blood stuffed lesser omentum; the stomach was firmly adherent to the pancreas, the posterior wall being inseparable from the midportion of the pancreas; the pancreas in turn was inseparable from the dilated aorta behind it; and the aneurysmal aorta had become blended with the tissues sheathing the vertebral column. The aorta was dilated in a fusiform aneurysm extending from two inches above the diaphragm to a point just below the origin of the renal arteries. The aneurysm had ruptured at the coeliac axis, no vestige of which remained.

Dr. C. A. Pfender said that he had made x-ray studies of this patient in search of renal calculi; no evidence of renal stones was found, but he had noted shadows indicating the presence of several gallstones. This observation was reported to the surgeon who had her case in hand, who was rather skeptical as to the diagnosis and operated reluctantly. The stones however, were found and were removed. Later events as reported by Dr. Macatee showed why the operation did no good. The plates in this case show nothing indicating a pulsating mass nor any evidence of vertebral erosion. He asked if there was in fact any erosion of the vertebrae noted at the autopsy.

Dr. J. D. Thomas said that the specimen illustrated the difficulty of recognizing aneurysms about the diaphragm. Some time ago he had presented a specimen of saccular aneurysm of the lower

thoracic aorta, removed from a patient who died at the Tuberculosis Hospital. She was sent to the hospital because of a chronic cough and physical signs of lung trouble. He found physical signs simulating pneumothorax of left side, but the signs were due to paralysis of the left side of the diaphragm, from pressure of the aneurysmal sac on the phrenic nerve, and ascent of the dilated stomach pushing up the diaphragm. As the aneurysm in Dr. Macatee's case did not erode the vertebrae Dr. Thomas was unable to understand the origin of the pressure pains in the lower part of the body.

Dr. J. H. Selby said that this was a very interesting and instructive case. With regard to the possibility of demonstrating aneurysms in this locality by roentgen plates, it is possible to show saccular aneurysms if the sac extends to one side. But in several cases in which the aneurysm had been recognized by clinical signs, he had attempted to find evidence of the condition in x-ray plates without any success.

Dr. Macatee said that the aneurysm would be very unlikely to disclose itself on the x-ray plate because it was a very symmetrical fusiform dilatation situated exactly on the anterior aspect of the vertebral column and covered by liver tissue.

The pressure pains could be readily understood by one seeing the dense adhesions which made the mass almost integral with the vertebral periosteum behind and with the pancreas in front and extending around the pancreas to include the posterior wall of the stomach. There was no erosion of the vertebrae whatever. Whether there were any recognizable clinical signs, beyond the pain, he could not say; certainly none was observed in the course of a complete physical examination of the chest, and repeated examinations of the thin abdomen by inspection, palpation and auscultation during the period when intestinal obstruction was suspected; nor was the condition suspected during the operation of cholecystotomy, although Dr. Kelley had palpated the abdominal viscera pretty thoroughly.

REPORT OF DR. L. B. T. JOHNSON, AS DELEGATE TO THE NATIONAL LEGISLATIVE COMMITTEE OF THE A. M. A., COUNCIL ON HEALTH AND PUBLIC IN- STRUCTION FEBRUARY 14, 1917.

The meeting of the Council on Medical Education and Licensure held in Chicago, February 5 and 6, was interesting in many ways. The attendance was large, and the discussions tended to develop the fact that the conflicting opinions of a few years ago are coalescing into generally agreed-upon plans for the future. The rating given Medical Colleges a few years ago has succeeded in reducing

the number of colleges to 93, all but 8 of which are now in class A. The two year pre-medical college course has been adopted as the minimum and maximum amount of preliminary requirement; 65 colleges and 19 State Boards have adopted this requirement.

It was feared that such severe preliminary requirements might lessen the number of students, but it was shown that in last year's freshman class, in the 65 colleges above referred to, there was an increase from 2,600 of the previous year to 2,900.

Many of the larger institutions find difficulty in limiting the number of students, who apply, to the maximum, capable of being properly instructed, and are adopting very severe entrance requirements. The University of Minnesota, for instance, is this year examining the applicants psychologically to determine their fitness for the study of medicine.

Various cults and drugless healers continue to give trouble, more in some states than in others. The consensus of opinion seems to be that one Board of Licensure should be in existence in each state, made up of representatives from the various cults including the Medical profession, this Board to determine the moral and pre-educational fitness of the applicant together with his ability to recognize and differentiate any pathological condition, whereupon he is to be examined in treatment by the representative of his own cult. This procedure will protect the public to the extent of assuring it that the recipient of a license is able to recognize and differentiate disease.

Dr. Victor Vaughan in discussing the first examination held here last Fall by the National Board of Medical Examiners, which passed 5 out of 32 applicants, felt that the diploma from this Board should be the highest Medical Diploma in the country. Already its licentiates are admitted directly to the Army and Navy and Mayo Foundation without further examination. Attention was again called to the late age at which medical men get into the practice of medicine, namely about 28 years, and the whole subject of general early education was discussed. A committee was to be appointed to confer with existing agencies looking to that desired result.

The subject of adding to the present system of written and oral examinations for state licenses, practical examinations, was presented. Many states already have recognized the unwisdom of these purely memory tests, requiring a cramming process for their preparation. It was felt that, if the student was required to show how he arrived at diagnosis on the patient, with the help of the laboratory, as in actual practice, he would cultivate his technique in college. Instead of which he looks forward from the very start only to a memory test.

Dr. Rosenau and Dr. Vaughan in discussing preventive medicine which Dr. Vaughan called the keystone of modern civilization, called attention to the fact that this subject was only taught

properly in a very few colleges. The national board found that its applicants were more poorly grounded in this subject than any other. A prominent sanitary engineer said that the lack of knowledge on this subject by graduates who worked with him was deplorable. The graduates of medical colleges in India, he said, were far better grounded in hygiene.

Dr. Vaughan called attention to the fact that the reduction in death rate in this country had been accomplished entirely by the reduction of the rate in cities of 100,000 in population and over, showing that it was due to the efficiency of the Health Departments. In order to make this reduction more general, each physician should consider himself a private health officer and to do so he must know a lot more about hygiene than at present.

EXTRA OFFICIAL SERVICE OF EMPLOYEES OF THE UNITED STATES GOVERNMENT.*

To the Chairman of Committee in Conference on H. R. 18542.

Dear Sir:—The Medical Society of the District of Columbia after due and careful consideration of H. R. 18542, wishes to call your attention to that portion which we feel concerns us not only as a body but many of our members individually. On page 103 of the Legislative, Executive and Judicial Appropriation Bill occurs the clause in question, "Nor shall any person paid, in whole or in part, by any such corporation or individual for service rendered by him, be employed by the Government, or become or remain an officer or employee of the Government."

While this clause is aimed at certain abuses in certain branches of the Government, yet, in the opinion of some of the law officers of the Government it is so comprehensive and sweeping in statement, that if it becomes a law it may practically obliterate all scientific and medical professorships in the University establishment, while extra-official in character, are in themselves of great use and value for public good; in particular: (1) The holding of scientific and medical professorships in the University Establishments of the District of Columbia and elsewhere by officers of the Army and Navy, Public Health Service and by public officials of scientific training. (2) The writing of books, scientific monographs and papers by any scientific experts in the Government service, although such writings are, in the nature of things, the product of their private leisure and the profits therefrom little more than compensate for the cost of the production. (3) The execution of any type-writing, copying or other extra-official work by any employees of the Government for historians, physicians,

* Letter authorized by the Medical Society February 21, 1917, to be sent to a Committee of Conference on the Legislative, Executive and Judicial Appropriation Bill.

librarians, scientific and other experts in Washington or elsewhere who may request information of a kind too extensive to be furnished in Government hours without interfering with regular public business for which the employees are paid and which they are required to attend to. (4) The rendering of scientific or other expert service to the country by public officers and officials who are requested to serve on National or International boards, commissions, committees and scientific or other organizations for the public good.

If all this becomes an accomplished fact, the following condition will result. Public officers and officials will find it necessary to state flatly that they can furnish no information, copies of records, abstracts from books or documents which might take up too much of the Governments time and this will cause wide-spread dissatisfaction and comment throughout the country. Public officers and officials will also have to assign the same reason for declining to render public service to the country which does not fall within the narrow limits set by this clause. Non-official service by experts in time of war will also be blocked and impeded.

The Medical Society of the District of Columbia respectfully states that while it is in hearty accord with a measure to abolish the abuses aimed at in the above stated Bill, still it believes that only harm can come from such a broad cast clause and hopes that the Committee will see fit to pass a measure to deal with these cases as they may arise. Each Department of the Government is in possession of facts where abuses occur and it seems to us that each department should be held liable for the actions of those abusing privileges, and not make all suffer for a few.

THE ATTENDANCE AT THE MEETINGS OF THE SOCIETY.*

By A. W. BOSWELL, M. D.,

Washington, D. C.

I want to say a few words tonight on a subject I consider of vital importance to this Society, viz, a larger attendance at our meetings and the creation of a greater society. We have a membership of about 600 scientific men and women, citizens of the District of Columbia, a number sufficiently strong to form one of the most powerful and influential organizations in the District and yet we are scarcely known as a body.

In the annual address of our late president, Dr. Davidson, it was shown that we have a weekly attendance of only about 15 per cent. this being the average since the amalgamation of the Association

* Read before the Medical Society February 21, 1917.

and Society in 1911. Such a condition is deplorable. Week after week I see here the same faces, faces of some of our busiest men, faces of a small group of men and women who, by constant attendance, keep the society on its feet.

Where is the other 85 per cent of our members? What are the causes of their absence? What becomes of the new members who join the society? What must we do to have a greater attendance and make this society the great body it should be?

These questions must be met and answered before we can take our proper place in the community.

Many of our members have allied themselves with other organizations as the Board of Trade and Chamber of Commerce and lend the influence they owe here to those bodies and those very organizations often consider and vote on matters of legislation which ought also to be considered here. Such members owe their influence first to this society because it is here they derive their first standing in the community. But to bring here these members and others, who never attend our meetings, we have got to have a greater society, a society with influence, a society with power, an organization second to none, one to which the Commercial bodies, the Health Department and even Congress will look for advice in all matters pertaining to public health which should properly be considered by our society.

There is a clause in our constitution which prohibits members from advertising and I believe that clause has been construed by the society to mean that it should do all of its work in "secret, in silence and tears" and if it should be reported in a newspaper that it had taken action on any public question it would be condemned forever.

But I do not believe in any such policy. I believe that this society should take up, through committee or otherwise, every bill affecting the public health and sanitation of the District and consider it and take such action, *pro* or *con*, as it sees fit and that such action should be made public. In no other way can the society take its place with other organizations and have control of its members and exert the influence which it should in the community.

If Gypsy Smith or Billy Sunday were here he would tell you that you must get the grace of God in your heart if you want to be saved. I tell you you must get the interest of this society in your heart if you want to have a great society, if you want to fill these vacant chairs and take the place in the Community which is now vacant.

I appeal to each and every member here tonight to bring to our next meeting one or more derelict members. Don't wait for some one else to do it. They only need your invitation. The time is fast approaching when we will celebrate our Centennial and we should make this a banner year in order to make that event a

great success. Every man must help; every man must do his duty. Let us fill this hall to overflowing and we will soon see a greater society and we will soon erect, as suggested by our late President a building with the inscription, "Medical Society of the District of Columbia," over the door, and we will take our place at the head of other organizations in the District.

I would suggest the appointment of a Committee of not less than ten members to investigate the causes of the small percentage of attendance at our meetings and to make such recommendations as it may see fit to increase the same and to outline a broader policy for the society.

In Memoriam.

DR. FLOYD VERNON BROOKS.

Your committee appointed to report proper remarks on the death of our former member, Dr. Floyd Vernon Brooks, begs to make the following report :

Floyd Vernon Brooks was born in Newark, New Jersey, January 25, 1856, of James J. and Maria Brooks, who came in a sailing vessel from England some years previously. The said James J. Brooks was for many years Chief of the United States Secret Service. At the age of twenty-one years Dr. Brooks graduated in medicine from the Jefferson Medical College of Philadelphia. He practiced his profession in that city and in Evans City, Pennsylvania, where in 1881 he married Ada Florence Ash, who survives him. Coming to this city in 1891 he soon secured a large clientele and was in very active practice until the attack of his last illness from which he suffered several months, dying June 25, 1916. He became a member of this Society in October, 1893. He was chief surgeon of the Chesapeake Beach Railway and chief medical examiner for several large insurance companies. For some years he was surgeon for the Baltimore and Ohio Railroad. He has been an active worker in Masonic matters and held high rank in the Masonic orders as well as in the Knights of Pythias. Besides his widow, four children survive him.

He was a genial man and held in high esteem by his patients and professional brethren; and it is the sense of your committee that he had earned by his sincere work the high position he had attained in the affection of the community and the medical profession; that your committee realizes that workers in our profession are of inestimable value and that this Society appreciates it has

met with a distinct loss in the death of Dr. Brooks. The committee also thinks expression of this sentiment should be made to his sorrowing family.*

Respectfully submitted,

J. WESLEY BOVÉE,
CHARLES W. RICHARDSON,
D. OLIN LEECH,

Committee.

PROCEEDINGS OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

Wednesday, January 3, 1917.—The President, Dr. G. Wythe Cook, presided; about 40 members present.

The Treasurer submitted his 43d Annual Report, which was referred to the Executive Committee for audit.

An appropriation of \$26.25 for the publication of reprints of a brief of McLanahan and Burton in the case of *Kemp vs. Board of Medical Supervisors* was granted.

Dr. Frank Leech, for the Executive Committee, reported that the committee had organized for the year, electing Frank Leech, chairman, W. M. Barton, vice chairman, and J. Lawn Thompson, secretary. The committee recommended that an honorarium of \$100.00 be paid Mr. Ralph Burton in recognition of his services as counsel for the Society. Recommendation adopted.

Dr. J. Lawn Thompson, for the Program Committee, asked instructions in regard to inviting the Baltimore City Medical Society to a joint meeting with this Society. Referred to the Executive Committee.

Dr. A. W. Boswell, for the Committee of Censors, reported that the committee had endorsed the applications of the following candidates for membership:

For active membership: John Wilson Hopkins, George Washington University, 1908; John Edward Lind, George Washington University, 1909; Horace Wm. Fred'k Warden, M. R. C. S. and L. R. C. P., London, 1913; Marcus Ward Lyon, Jr., George Washington University, 1902; Nelson DuVal Brecht, George Washington University, 1906; Harry Willis Miller, Amer. Medical Missionary College, 1902; Eugene Clarence Rice, Jr., George Washington University, 1916; Arthur George Compton, George Washington University, 1907.

For associate membership: Harvey W. Wiley, 2345 Ashmead Place, N. W.; Arthur Howard McCray, Somerset, Md.; James Payton Leake, U. S. Public Health Service; Roger Brooke, Major, M. C., U. S. Army; Thomas Verner Moore, Mission House, Catholic University.

All the applicants were elected.

* Adopted by the Medical Society February 14, 1917.

A letter was read from Col. Robt. N. Harper, Chairman of the Inaugural Committee, requesting the designation of Dr. P. S. Roy as Chairman of a Medical Subcommittee. Dr. Roy was authorized to act as requested, and to appoint such members to assist him as he might deem advisable; and the Corresponding Secretary was instructed to notify Dr. Roy and Col. Harper of the action taken.

The following amendment to the Constitution, recommended by the Executive Committee, was proposed: Amend Art. V, Sec. 13, by striking out the words, "and members of the dental, pharmaceutical and veterinary professions."

The following amendment to the Constitution was adopted: Amend Art. V, Sec. 14, of the Constitution by substituting for the words "any three members," the words "the Executive Committee."

The names of the following applicants for membership were presented:

For active membership: James Harold Collins, George Washington University, 1915; Anita Alvera Wilson, Syracuse Univ. Medical College, 1911; Thomas Kennerly Conrad, Georgetown University, 1908; Howard Francis Kane, George Washington University, 1912; Frederick Y. Donn, George Washington University, 1915; Custis Lee Hall, George Washington University, 1912; Joseph A. Mendelson, Temple University Coll. of Med., 1915; May Davis Baker, Howard University, 1896; Samuel M. Sacks, George Washington University, 1907.

For associate membership: Hugh McGuire, Alexandria, Va.

The Chair announced the appointment of the following standing committees:

Committee of Censors: Drs. P. S. Roy, A. W. Boswell, W. P. Reeves, Ada R. Thomas, A. J. Carrico.

Committee on Program: Drs. J. Lawn Thompson, E. P. Copeland, J. B. Nichols, E. G. Seibert, J. A. Gannon.

Committee on Publication: Drs. D. S. Lamb, W. A. Frankland, F. W. Braden, W. B. Carr, H. C. Macatee.

The Chair announced the death of two members of the Society and appointed committees on memorial as follows:

Dr. Jesse H. Ramsburgh, January 2, 1917. Committee: C. C. Marbury, W. C. Gwynn, J. H. Selby.

Dr. Wm. J. Dillenback, December 27, 1916. Committee: Truman Abbe, I. S. Stone, S. S. Adams.

Dr. Prentiss Willson read an essay, entitled: Foetal mortality and morbidity in labor. Discussed by Drs. A. B. Hooe and I. S. Stone.

Wednesday, January 10.—President Wythe Cook presided: about 95 members present.

Dr. D. S. Lamb, for the Historical Committee, reported that

historical data relating to the late Medical Association had been assembled in permanent typewritten form and that these data may be seen by anyone interested by applying to Dr. Lamb at the Army Medical Museum. An appropriation of \$37.50 was granted to pay for the typewriting.

Dr. S. S. Adams called to the attention of the Society the critical illness of Dr. J. Ford Thompson, and moved that the President be requested to convey to Dr. Thompson the good wishes of the Society and the sympathy of its members for him in his weakness. Carried.

Dr. Tom A. Williams exhibited a specimen of Brain Tumor, showing in the case report, focal diagnosis. See page 99.

Dr. E. Hiram Reede read an essay entitled: The new status of exophthalmic goiter. Discussed by Drs. Roy, Williams, H. H. Kerr, Simpson, Seibert, Hazen, Selby and Reede.

Wednesday, January 17.—President Wythe Cook presided; about 70 members present.

The Committee on Publication reported the issue of the January number of the ANNALS and requested payment of the bill for publication in amount of \$166.44. So ordered.

The Chair announced the death of Dr. Hamilton Wright and appointed as a memorial committee Drs. T. A. Claytor, J. R. Wellington and S. S. Adams.

Dr. P. S. Roy stated that a member had expressed surprise at his naming a committee of physicians for service under the Inaugural Committee, the member being unaware that this action had been authorized by the Society. Dr. Roy made this statement in order that any further misunderstanding might be avoided.

The Chair stated that as directed by the Society he had called on Dr. Ford Thompson to convey the good wishes and sympathy of the Society, and that Dr. Thompson had been much pleased and gratified by this attention, and had asked that his appreciation be expressed.

Dr. I. S. Stone called attention to the desirability of the maintenance of a standing committee on necrology, and pointed out reasons why such a committee is desirable. On motion of Dr. Roy the matter was referred to the Executive Committee for consideration.

Dr. J. Lester Brooks called attention to the failure of a memorial committee to bring in a report on the death of Dr. F. V. Brooks.

Dr. S. R. Karpeles presented a case report of Intestinal Obstruction after Caesarean Section. Discussed by Dr. W. P. Carr. See page 79.

Dr. Jos. D. Rogers presented a specimen of intestinal obstruction caused by the vermiform appendix, and gave a history of the

case. Discussed by Drs. I. S. Stone, W. P. Carr, A. B. Hooe and Rogers.

Dr. John Foote read the paper for the evening, entitled: Breast Feeding and Some of its Problems. Discussed by Drs. F. Leech, Acker, Wheatley, Gannon, I. S. Stone, A. B. Hooe, W. P. Carr, Glushak, Lawn Thompson and Foote. See page 82.

Wednesday, January 24.—President Cook presided; about 100 members present.

The Recording Secretary reported that the failure of the committee on memorial to Dr. F. V. Brooks to bring in a report was due to the fact that the members of the committee had not been formally notified of their appointment; this oversight had been corrected..

On motion, the Executive Committee was instructed to consider and report to the Society whether a stipend should be paid to the janitor for telephone service, and if so, what amount?

Dr. W. C. Woodward called attention to the fact that the Commissioners had recommended to Congress the payment of a pension of \$40.00 per month to the widow of Dr. A. L. Hunt, and he moved that the Executive Committee be instructed to take such action as might seem desirable to urge the passage of the legislation necessary to secure the pension. So ordered.

The Chair announced the appointment of Dr. Loren B. T. Johnson to represent the Society as a member of the National Legislative Committee of the American Medical Association.

Dr. C. A. Simpson presented a series of case reports of x-ray treatment of exophthalmic goiter and hyperthyroidism. Discussed by Drs. W. P. Carr, Tom A. Williams, Karpeles, H. H. Hazen, Selby, Jaeger, Seibert, W. C. Borden, Pfender, Jack and Simpson. See page 92.

Dr. I. S. Stone read the paper for the evening, entitled: The interposition operation for prolapse of the uterus and bladder. Discussed by Drs. R. Y. Sullivan, D. L. Borden, Isabel Haslup Lamb and Stone.

Wednesday, January 31.—President Cook presided; about 40 members present.

The resignation of Dr. J. Lawn Thompson as an elective member of the Executive Committee was accepted and the Corresponding Secretary was directed to give notice of an election to fill the vacancy.

The resignation from membership of Dr. Max Hahn was accepted.

Dr. J. B. Nichols, chairman of Committee on Centennial, reported progress in arranging for the celebration of that event; the plans contemplated a literary program for the afternoon session, and a banquet in the evening. The committee regarded as

the most advantageous arrangement for the banquet the proposal of the Raleigh Hotel, which provided for a dinner at five dollars per plate ; if no objections were offered the committee would proceed with its plans on the basis outlined. There was no objection.

Dr. Duff G. Lewis reported a case of Cyst of the Broad Ligament and exhibited the specimen. Discussed by Drs. I. S. Stone and Lewis.

Dr. H. C. Macatee reported a case of Aortic Aneurysm, and exhibited the specimen. Discussed by Drs. Pfender, J. D. Thomas, Selby and Macatee. See page 107.

Dr. H. H. Hazen read the paper for the evening, entitled : The electro-cautery in cutaneous surgery. Discussed by Drs. Jack, R. S. Lamb, Selby and Hazen.

Wednesday, February 7.—President Cook presided ; about 65 members present.

The Treasurer reported for January : Receipts, \$453.00 ; disbursed, \$235.19. The following appropriations were granted : for postal notices, \$55.99 ; for attorney's expenses in Kemp case, \$25.45.

Dr. Frank Leech, for the Executive Committee, made the following recommendations :

(1) To accept the invitation of the Baltimore City Medical Society to hold a joint meeting in that city on March 16th, and to extend an invitation to the Baltimore Society to meet here at a convenient time.

(2) That a Committee on Necrology be appointed annually by the President.

(3) That a stipend of \$1.00 per meeting be paid the janitor of the building for telephone service to members.

The recommendations were adopted.

The Chair announced the death of Dr. J. Ford Thompson and appointed Drs. S. S. Adams, J. R. Wellington and I. S. Stone as a committee on memorial. The Secretary read a note expressing the thanks of the family of Dr. Ford Thompson for flowers sent by the Society on the occasion of his funeral.

Dr. J. A. Gannon reported a case of Serum Sickness. Discussed by Drs. Barton, Masterson, J. D. Thomas, Kinyoun, P. S. Roy, and Gannon.

Dr. S. S. Adams exhibited complete cutaneous casts of the hands from a case of scarlet fever.

Dr. James M. Moser reported a case of Rickets in a breast-fed twin, and exhibited the twins. Discussed by Drs. S. S. Adams and Moser.

Dr. L. Eliot read the paper for the evening, entitled : Some experiences in chloroform anesthesia. Discussed by Drs. Roy, Chipman, Jack, I. S. Stone, Boswell and Eliot. See page 101.

Wednesday, February 14,—President Cook presided; about 55 members present.

Dr. J. W. Bovée, for a committee on memorial, presented a report and resolutions of respect to the memory of Dr. Floyd V. Brooks. Adopted. See page 114.

Dr. A. W. Boswell was elected to serve the unexpired term of Dr. J. Lawn Thompson, resigned from Executive Committee.

The following letters were read and referred to the Executive Committee: (a) a proposal by the Secretary of the American Medical Association of a plan for increasing the local and national membership; and (b) a request from the Manufacturers and Dealers Association of America (Chicago, Ill.) for an expression of opinion regarding the effect of alcoholic beverages on health.

A report by Dr. L. B. T. Johnson, delegate to the National Legislative Committee of the A. M. A. Council on Health and Public Instruction was read and ordered published in the ANNALS. See page 109.

The Chair appointed the following Committee on Necrology: Drs. I. S. Stone, M. F. Thompson, R. C. Ruedy, J. A. Stoutenburgh and J. W. Chappell.

Dr. D. S. Lamb presented the following specimens from cases of *Paratyphoid Fever*, and said: I have never seen a case clinically, and have never before seen a specimen of the morbid anatomy, although the disease has been known some twenty years. But the mortality seems to be small, differing much in this respect from typhoid fever. The cases are also said to be milder and run a shorter course.

The Surgeon General of the U. S. Army reports for 1915, in a force of about 104,000 officers and men, 8 cases of typhoid and 9 of paratyphoid. No deaths in either group. Eight of the 9 cases of paratyphoid were diagnosed bacteriologically, the ninth was diagnosed clinically. The 8 cases had been given the typhoid prophylactic, which, however, is not a prophylactic against the paratyphoid. In 1916, however, there were many cases of paratyphoid in the Army, especially along the Mexican border; 250 cases reported up to Oct. 7; all these cases had been given the typhoid prophylactic. Paratyphoid is reported as a factor in the European armies.

There are two forms of the paratyphoid bacillus, the bacillus A which more resembles the typhoid bacillus, and bacillus B which more resembles the bacillus enteritidis. They do not answer to the Widal test, and as stated, the typhoid prophylactic is not prophylactic to paratyphoid infection.

The morbid anatomy of the two diseases is different. The two specimens that I present would not suggest typhoid. There are a few specimens in the Army Medical Museum that are classed as typhoid, largely because of the clinical history; it is possible that they are really paratyphoid, but they were contributed be-

fore we knew anything of the latter. The lymphatic system, so markedly affected in typhoid, is much less affected in paratyphoid. The spleen and Peyer's patches are either not at all enlarged or but slightly so. The ulcers are much alike in both the specimens exhibited, irregular in shape and size and depth ; many penetrate to the muscular coat, and in each case one has perforated the peritoneum and set up peritonitis. Peyer's patches do not appear to be affected ; the solitary follicles are slightly enlarged, some near the deep ulcers a good deal enlarged. A few mesenteric nodes also near the deep ulcers are slightly enlarged. The mucosa generally is thickened and the villi hypertrophied.

Both cases occurred on the Texas border, and the specimens were contributed to the Army Medical Museum by Army medical officers on the Mexican border, and will probably be published. The examination for the infecting organism was made by Army Medical officers, and in this city at the Army Medical Laboratory, by Major E. R. Whitmore.

The clinical histories may be summed up as follows : One case lasted from first to last 34 days, the second 29 days. Each case ended with perforation of the bowel and peritonitis. The general symptoms were much alike in both cases. The usual signs of fever : nausea, vomiting, rise of temperature (the highest recorded 105), tongue thickly coated, flatulence, general abdominal tenderness, but bowels regular for sometime after the onset of the disease. Cramps in the abdomen occurred in the first case on the 10th day, in the second, the 12th. In one case it is mentioned that blood appeared in the stools ; no mention in the other, but as there were similar ulcers in both, there would not appear to be any reason why the same symptoms should not occur in both. Bedsore in one, not mentioned for the other. In one case tenderness over spleen is recorded, but at the post mortem the spleen was not enlarged ; in the other case the spleen was enlarged and very soft ; cultures from it gave the bacillus A. The first case ended with sudden pain in abdomen, abdominal distension and tenderness. In the other there were cramping pains in abdomen, repeated vomiting, and the temperature fell rapidly from 102.2 to 97.

In each case examination of tissues and fluids for the infecting germ showed the presence of the bacillus paratyphosus A.

The latest that I have seen on the subject is an abstract in the *Journal A. M. A.* of Jan. 27, page 317, of an article in an Italian journal, which reports a number of cases in which the main focus of the disease appeared to be elsewhere than the small intestine ; in one case in the pleura, once in the colon, once the symptoms were those of appendicitis, once there was a combination of typhoid and paratyphoid, and in one case there was fatal hemorrhage from the bowel.

Dr. Frank Leech thought that in view of Dr. Lamb's statement that 250 cases of paratyphoid had been reported among soldiers who had received typhoid prophylactic, it might be possible that these soldiers had received the prophylactic some time ago, and that their immunity was waning in strength, but was still able to modify the behavior of typhoid infection at this time.

Dr. J. W. Bovée said that his impression was that the cases of paratyphoid had not been among the regulars, but among militiamen who had been recently inoculated.

Dr. W. P. Carr said that his understanding of the matter was that the paratyphoid cases originated among New Jersey militia. Some 20,000 were encamped on a site supplied with water from one well; the well soon went dry, and the men drank water from a dirty creek. They did not get the disease in Mexico or Texas.

Dr. Lamb said that in the two cases that he had reported, the patients were militiamen from New York and South Carolina, had been in service from two to three months, and at the time of enlistment had received the typhoid prophylactic. One had had typhoid fever and his paratyphoid appeared while he was on the march, the drinking water supplied by "tank cars." Both cases occurred in Texas.

Dr. J. J. Mundell read the paper of the evening, entitled: The Present Status of Pituitary Extract in Labor. Discussed by Drs. Moran, D. G. Lewis, C. W. Allen, Atkinson, E. H. Reede and Mundell.

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COMMITTEE ON PUBLICATION.

D. S. LAMB, A. M., M. D., LL. D., *Chairman and Editor*,

2114 Eighteenth St., N. W.

Associate Editors.

W. A. FRANKLAND, M. D.,	.	.	.	.	The Champlain.
F. W. BRADEN, M. D.,	.	.	.	.	628 East Capitol Street.
W. B. CARR, M. D.,	.	.	.	.	1418 L Street, N. W.
H. C. MACATEE, M. D.,	.	.	.	.	1478 Harvard Street, N. W.

Editorial.

HISTORY OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.—Price \$1.00, with 25 cents added if delivered in this city or sent by mail. Address Dr. C. W. Franzoni, 605 I Street, N. W. The books are in the custody of Dr. D. S. Lamb, at the Army Medical Museum.

THE WASHINGTON MEDICAL ANNALS.—Back numbers.—Members of the Society who have back numbers of the ANNALS, and do not intend to preserve them, are requested to send them to the Chairman of the Publication Committee. Requests for such numbers are frequently received.

ADVERTISEMENTS.—Attention is invited to the advertisements in this issue. All the advertisers are reliable and responsible. It is suggested that they be given preference.

The 550 members of the Society by a little effort could largely increase the number of advertisements. Dr. Frankland is the member of the Committee on Publication who has charge of this matter.

THE OTHER MEDICAL SOCIETIES OF THE DISTRICT OF COLUMBIA.

CASUALTY HOSPITAL MEDICAL SOCIETY—Meets on the first Friday in October, December, February and April. President, C. B. Conklin; vice president, L. R. Schreiber; secretary, S. B. Pole; treasurer, W. P. Wood. It is composed of the following members: C. S. White, J. R. Wellington, H. Warner, A. P. Tibbets, W. C. Sparks, J. I. Sloat, H. L. Shinn, J. D. Rogers, W. P. Reeves, A. E. Pagan, C. J. Murphy, J. J. Mundell, F. V. Mere-wether, E. M. Miller, J. C. Blackistone, N. P. Barnes, C. C. Marbury, J. J. Madigan, D. O. Leech, H. Jeager, W. H. Huntington, R. M. LeComte, A. C. Gray, W. A. Frankland, R. F. Dunmire, F. Y. Donn, J. H. Diggs, G. C. Clark, S. Bricker, F. W. Braden, L. K. Beatty, F. V. Atkinson.

The object of the Society is to Promote the welfare of the Casualty Hospital and Eastern Dispensary.

CLINICAL SOCIETY.—Officers: H. H. Donnally, President; D. Webster Prentiss, Secretary and Treasurer; J. D. Thomas and L. A. Johnson, Censors. The Society meets the second Monday of each month. It has an active membership limited to twenty-five and an inactive membership of those who have finished a term of ten or more years of active membership.

CLINICO-PATHOLOGICAL SOCIETY.—Active membership limited to 25. Inactive membership: those who have withdrawn from active membership after fifteen years. A limited honorary membership of eminent medical men. Meets on the first and third Tuesdays of the month from October to May, inclusive. Officers this year: Loren B. T. Johnson, President; Thos. S. Lee, First Vice President; Jos. S. Wall, Second Vice President; H. H. Donnally, Secretary-Treasurer.

EMERGENCY HOSPITAL CLUB.—The club was organized early in 1915 by the members of the Staff of the Central Dispensary

and Emergency Hospital. Meetings are held on the second Saturday of each month from September to May, inclusive; the officers are as follows—President, V. B. Jackson; Vice President, W. G. Young; Secretary-Treasurer, E. M. Ellison.

FREEDMEN'S HOSPITAL MEDICAL SOCIETY.—Meets on the second Wednesday of each month from October to May, inclusive. Composed of physicians connected with the Staff of the Hospital and the Medical Faculty of Howard Medical School. Collins Marshall, President; C. A. Brooks, Vice President; C. A. Allen, Secretary-Treasurer.

GALEN SOCIETY of the District of Columbia. Organized September, 1909.—E. C. Wilson, President; C. S. White, Vice President; E. W. Titus, Secretary-Treasurer. The membership is limited to twenty-five. The Society meets on the first Monday after the third Sunday of each month from October to May inclusive.

GEORGETOWN CLINICAL SOCIETY; twenty-five active members, limited to graduates of the Medical Department of Georgetown University. Meets at the University Club on the third Tuesday in the month. John Foote, President; J. Russell Verbruycke, Jr., Treasurer.

GEORGETOWN UNIVERSITY MEDICAL SOCIETY.—Meets on the fourth Saturday of the month at the University Hospital. The membership consists of the Alumni, Faculty and Senior Students of the Medical School. J. A. Gannon, President; T. F. Lowe, Vice President; J. M. Moser, Secretary-Treasurer.

GEORGE WASHINGTON UNIVERSITY MEDICAL SOCIETY.—Organized 1905; membership limited to Alumni of School and Members of the Faculty. Meets in the Medical Building on the third Saturday of each month from October to May. President, W. A. Frankland; Vice President, C. B. Conklin; Secretary, Thomas Miller, Jr.; President's Council, W. W. Wilkinson, Truman Abbe, J. Lawn Thompson, John Van Rensselaer and E. P. Copeland. Active membership, 169.

HIPPOCRATES SOCIETY; membership limited to 25, with voluntary retired members after 10 years; meets on the second Thursday of the month from October to May. Officers for the year: J. R. Verbruycke, Jr., President; C. A. Simpson, Secretary.

MEDICAL HISTORY CLUB of Washington, D. C.—Officers: President, J. B. Nichols; Vice President, John Foote; Secretary, F. J. Stockman; Executive Committee, Frank Baker, F. H. Garrison, C. A. Pfender and the Officers. Members: Truman Abbe, Frank Baker, W. C. Borden, J. H. Bryan, G. Wythe Cook,

John Foote, F. H. Garrison, Howard Hume, H. W. Lawson, W. J. Mallory, J. B. Nichols, C. A. Pfender, P. S. Roy, W. C. Rucker, F. J. Stockman, I. S. Stone, W. A. White.

Program for 1916-1917.

<i>Date.</i>	<i>Essayist.</i>	<i>Host.</i>
March 31.....	"Pasteur's Relation to..... Surgery" Dr. Borden.	Dr. Nichols, 1321 Rhode Island Ave.
April 25.....	"American Achievements in..... Medicine" Dr. Nichols.	Medical Society of the District of Columbia.

MEDICAL AND SURGICAL SOCIETY of the District of Columbia.—President, E. P. Copeland; Vice President, H. H. Kerr; Secretary and Treasurer, L. Eliot; Asst. Secretary, J. H. Talbott; Executive Council, John Dunlop, H. P. Parker, H. G. Fuller, L. H. Reichelderfer and Eliot. The Society membership is limited to 25 active members; 10 honorary members; and inactive members, those who have completed a term of ten years service. The meetings are held on the first Thursday in each month from October to May.

SOCIETY OF MEDICAL JURISPRUDENCE, Washington, D. C.—President, Dr. D. P. Hickling; Vice President, J. M. Kenyon; Secretary-Treasurer, Spencer Gordon. Meets on the second Monday of each month from October to June at University Club. Has from forty to fifty members.

SOCIETY OF OPHTHALMOLOGISTS AND OTOLOGISTS, Washington, D. C., meets the third Friday of each month from October until May, inclusive. Officers: President, A. H. Kimball; Vice President, Mead Moore; Secy.-Treasurer, Carl Henning, The Rochambeau. Active members: A. B. Bennett, Jr., J. W. Burke, V. Dabney, W. T. Davis, L. S. Greene, C. M. Hammett, Carl Henning, W. H. Huntington, E. B. Jones, A. H. Kimball, R. S. Lamb, F. B. Loring, O. A. M. McKimmie, W. B. Mason, M. E. Miller, Mead Moore, S. B. Muncaster, W. S. Newell, J. J. Richardson, G. S. Saffold, E. G. Seibert, E. A. Taylor, R. R. Walker, W. A. Wells. Inactive members: J. H. Bryan, W. K. Butler, Wm. H. Fox, W. P. Malone, H. A. Polkinhorn, C. W. Richardson, D. K. Shute, W. H. Wilmer. Associate Member: T. C. Lyster, U. S. Army.

SOCIETY FOR MENTAL HYGIENE of the District of Columbia.—Board of Directors: Miss Cornelia Aldis, Surg. Gen. Rupert Blue, P. H. S., Gen. L. E. Coffey, Chief Justice J. H. Covington, Frederick A. Fenning, Lieut. Col. H. C. Fisher, U. S. A., Dr. D. Percy Hickling, Mrs. Archibald Hopkins, Dr. Loren B. T. Johnson, Miss Bessie Kibbey, Dr. George M. Kober, Miss Julia Lathrop, Dr. Frank Leech, Mrs. John McLaughlin, Hon. Stephen P. Mather, Mrs. Wesley Merritt, Mrs. Seaton Perry,

Miss Janet Richards, Hon. Cuno H. Rudolph, Mrs. Geo. H. Schieibly, Miss Nellie Sedgley, Mrs. Henry G. Sharp, Mrs. George Sutherland, Mrs. Carl Vrooman, Mrs. Norman Williams, Dr. Wm. A. White, Hon. Simon Wolf, Dr. Wm. C. Woodward, Mrs. Paul Worburg.

President, Gen. Rupert Blue; Vice President, Cuno H. Rudolph; Treasurer, Miss Nellie Sedgley; Dr. Wm. A. White, Chairman Executive Committee; Dr. D. Percy Hickling, Secretary. Chief objects of the committee: To work for the conservation of mental health; for the prevention of mental disease and mental deficiency and for the improvement in the care and treatment of those suffering from nervous or mental diseases or mental deficiency.

SOCIETY OF SOCIAL HYGIENE, Washington, D. C.—President, Dr. Charles F. Stokes, U. S. Navy; Secretary, Lt. Col. J. R. Kean, U. S. Army, Surgeon General's Office. The Society has four committees, namely: Education, Venereal Diseases, Protection of Women and Children, and Psychopathology. Yearly dues, \$1.00. Persons desiring to become members should address Col. Kean and state to which committee they wish to be assigned.

THERAPEUTIC SOCIETY of the District of Columbia.—Meets at the G. W. School of Pharmacy, 808 I Street, N. W., on the first Saturday in each month. E. W. Burch President; A. P. Tibbets, Secretary.

WALTER REED MEDICAL SOCIETY meets on the fourth Thursday of every other month, from September to May inclusive. Composed of physicians located in the eastern part of Washington. J. S. Arnold, President; H. R. Schreiber, Vice President; M. H. Prosperi, Secretary; N. E. Webb, Treasurer.

WASHINGTON MEDICAL AND SURGICAL SOCIETY.—President, ————; Vice President, R. R. Walker; Secretary, Walter Van Sweringen; Treasurer, F. E. Gibson; Curator and Librarian, E. H. Egbert; Executive Committee: L. H. Taylor, Chairman, G. S. Clark, G. S. Barnhart; Program and Auditing Committee: Wm. A. Jack, Jr., Chairman, J. R. Nevitt, Walter Van Sweringen; Membership Committee: F. E. Gibson, Chairman, Wm. P. Reeves, Caryl Burbank.

WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY.—President, J. F. Moran; Vice Presidents, G. B. Miller, Prentiss Willson; Secretary, Truman Abbe; Treasurer, D. W. Prentiss. Retired members—G. N. Acker, S. S. Adams, E. A. Balloch, J. W. Bovée, W. S. Bowen, W. P. Carr, G. Wythe Cook, M. F. Cuthbert, H. D. Fry, J. T. Johnson, D. G. Lewis, A. R. Shands, E. E. Morse, Elmer Sothoron, John Van Rensselaer.

WASHINGTON PSYCHOANALYTIC SOCIETY.—Meets the second Saturday of each month, from October to May, inclusive. Membership limited to 25. D. Percy Hickling, President; Alfred Glascock, Vice President; A. A. Wilson, Secretary.

WASHINGTON SOCIETY OF NERVOUS AND MENTAL DISEASES.—President, W. M. Barton; Vice President, Edward Kempf; Secretary-Treasurer, J. J. Madigan. Program Committee; John Lind, Carl Henning and J. J. Madigan. The Society has a limited membership of thirty, but welcomes Physicians and Surgeons interested in Neurology and Psychiatry. Meets monthly on the third Thursday at the Cosmos Club or a member's residence.

THE WASHINGTON SURGICAL SOCIETY.—Meets at 1621 Conn. Ave. the third Friday of the month at 8 P. M. The officers are H. A. Fowler, President; D. W. Prentiss and Walter Webb, Vice Presidents; H. G. Fuller, Secretary, and J. A. Gannon, Treasurer. Members of Council, H. D. Fry, J. F. Moran and the officers.

WOMEN'S MEDICAL SOCIETY of the District of Columbia.—President, Emma Lootz Erving; Vice President, Louisa M. Blake; Secretary and Treasurer, Martha M. B. Lyon; Corresponding Secretary, Mary Holmes.

THE SECRETARIES of the other Medical Societies of this District are reminded that the ANNALS will publish the schedules of their meetings.

AMENDMENTS TO THE CONSTITUTION AND BY-LAWS.—The following amendments have been made since the publication in Volume XII, March, 1913.

Constitution.—Article V, Section 4, adopted Nov. 4, 1914: before the words "Due notice" on page 142, insert "No application for membership that is rejected or withdrawn shall be renewed until after two years from the time of its rejection or withdrawal."

Section 10, same article; adopted Jan. 7, 1914: for "two years" substitute "one year." At the end of the section, add the words "Members so dropped may, after report by the Committee of Censors, be reinstated by the Society upon the payment of arrears in dues." Adopted March 1, 1916.

Section 14, same article. For the words "any three members" substitute "the Executive Committee." Adopted January 3, 1917.

Article VI, Section 5, adopted Jan. 6, 1915: in the last line, for "two" substitute "three."

Article VIII, Section 2, page 148, 4th line from top: for the word "disorders" substitute the word "diseases."

Article IX, Section 2, first line, for the word "four" substitute "five." Adopted March 1, 1916.

By-Laws.—Article VIII, Section 9, page 153, adopted Jan. 7, 1914: No member of the Staff of any hospital receiving patients in private rooms shall attend such private patient sent to the hospital by a member of the Society, not a member of the Staff, unless specifically requested to do so by the attending physician.

Please note that the figures in Sections 7 and 8 of this article, instead of being 7 and 8 should be 5 and 6.

SOME SPECIAL COMMITTEES OF THE SOCIETY:

On First Aid Conference.—Drs. C. S. White, H. H. Kerr and W. P. Reeves.

On Regulation for Control of Contagious Diseases.—Drs. Frank Leech, H. H. Donnally, S. S. Adams, W. C. Woodward, N. P. Barnes, J. S. Wall and L. B. T. Johnson.

On Meeting Place of Society.—Drs. G. Wythe Cook, A. B. Hooe, A. R. Shards and J. D. Thomas.

On American Red Cross.—Drs. L. H. Reichelderfer and L. B. T. Johnson

Memorial Committees.—On the death of Dr. E. F. King: Drs. Marshall, H. A. Fowler and Malone. On the death of Dr. Woodman: Drs. Clark, Kerr and Jaeger. On the death of Dr. J. H. Ramsburgh: Drs. C. C. Marbury, Gwynn and Selby. On the death of Dr. W. J. Dillenback: Drs. Abbe, I. S. Stone and S. S. Adams. On the death of Dr. Hamilton Wright: Drs. Clayton, Wellington and S. S. Adams. On the death of Dr. J. Ford Thompson: Drs. S. S. Adams, Wellington and I. S. Stone.

Centennial Committee.—Dr. Nichols, Chairman; Drs. E. Y. Davidson, D. S. Lamb, G. Wythe Cook, Roy, W. P. Carr, Kober, Boswell, Tayler-Jones, Macatee, S. S. Adams, Chas. Richardson, A. B. Hooe, J. D. Thomas and Frank Hagner.

Committee on Cancer.—Drs. Karpeles, Frank Hagner, Balloch, W. C. Borden, W. P. Carr, Vaughan, J. F. Mitchell, Sprigg, C. W. Richardson, Gannon and Abbe.

Committee on Control of the Tuberculous: Drs. Frank Leech, Wall, G. Wythe Cook, Roy, J. Lawn Thompson, Nichols and Barton.

Committee on Necrology: Drs. I. S. Stone, M. F. Thompson, R. C. Ruedy, J. A. Stoutenburgh and J. W. Chappell.

LIST OF STATE MEDICAL SOCIETIES OF THE UNITED STATES, arranged in order of date of formation.

In view of the coming centennial anniversary celebration of this Society, and the presence of representatives of the societies older than ours, the preparation of the following list was suggested. The information was obtained officially so that it is presumed to be correct. Should errors be found, a second corrected list may be published. Information is lacking for several State societies, although a second letter of inquiry was sent:

Date.	Name of Society.	Date of annual meeting.	Where transactions are published.
Nov. 1, 1786	Medical Society of N. J.	June	<i>Jour. Med. Soc. of N. J.</i>
Nov. 1, 1781	Massachusetts Med. Soc.	June	<i>Boston Med. and Surg. Jour.</i>
May 4, 1789	Medical Society of Del.	Oct	<i>Del. State Med. Jour.</i>
May 4, 1791	N. H. Medical Society...	May	Transactions.
June 3, 1792	Conn. State Med. Soc...	May	Transactions.
June 3, 1799	Med. and Chir. Faculty of the State of Md.	Apr	Bulletin M. C. F. Md.
Dec. 1, 1800	Med. Society State of North Carolina.	Apr	Transactions.
1806	Medical Society of the State of New York.	Apr	<i>N. Y. State Jour. Med.</i>
April, 1812	Rhode Island Med. Soc.	June	<i>R. I. Med. Journal.</i>
Nov. 2, 1814	Vermont State Med. Soc.	Oct	<i>Vermont Medicine.</i>
Sept. 26, 1817	Med. Soc. of the D. C...	Dec	WASH. MED. ANNALS.
1834	Tenn. State Med. Asso..	Apr	<i>Jour. Tenn. State Med. Asso.</i>
1841	State Med. Soc. of Wis..	Oct	<i>Wisconsin Med. Jour.</i>
1847	Med. Asso. State of Ala..	Apr	Transactions.
Feb. 16, 1848	S. C. Med. Association..	Apr	<i>Jour. S. C. Med. Asso.</i>
April 11, 1848	Med. Soc. State of Pa...	Sept	<i>Penn. Med. Journal.</i>
April 18, 1849	Med. Asso. of Georgia...	Apr	<i>Jour. Med. Asso. Ga.</i>
April, 1850	Mo. State Med. Asso.....	May	<i>Jour. Mo. State Med. Asso.</i>
June, 1850	Iowa State Med. Soc.....	May	<i>Jour. Iowa State Med. Soc.</i>
June, 1850	Illinois State Med. Soc..	May	<i>Illinois Med. Jour.</i>
May 4, 1851	Ky. State Med. Asso.....	Oct	<i>Kentucky Med. Jour.</i>
1852	Maine Med. Association.	June	<i>Jour. Me. Med. Asso.</i>
Jan. 17, 1853	State Med. Asso. of Tex.	May	<i>Tex. State Jour. Med.</i>
Feb. 10, 1859	Kansas Med. Soc.....	May	<i>Jour. Kans. Med. Soc.</i>
May, 1865	Mich. State Med. Soc....	Sept	<i>Jour. Mich. State Med. Soc.</i>
April 10, 1867	W. Va. State Med. Asso..	May	<i>W. Va. Med. Jour.</i>
June 24, 1868	Neb. State Med. Asso....	May	<i>Neb. State Med. Jour.</i>
1868	Minn. State Med. Asso..	Oct	<i>Journal-Lancet.</i>
Nov. 2, 1870	Medical Society of Va...	Nov	Transactions.
Sept. 19, 1871	Col. State Med. Soc.....	Sept. or Oct	<i>Colorado Medicine.</i>
May, 1874	Florida Med. Asso	June	<i>Jour. Fla. Med. Asso.</i>
Sept. 1, 1874	Oregon State Med. Asso.	.....	<i>Northwest Medicine.</i>
Jan. 15, 1878	La. State Med. Society..	Apr	<i>Sometimes N. O. Med. J.</i>
Jan. 29, 1879	Med. Asso. Montana	July	Transactions.
Spring 1882	New Mex. Med. Soc.....	Fall	<i>Southwestern Med.</i>
1888	N. Dak. State Med. Asso.	May	<i>Journal-Lancet.</i>
Oct. 24, 1889	Wash. State Med. Asso..	June	<i>Northwest Medicine.</i>
1891	Arizona Med. Asso.....	Apr, May or June.	<i>Southwestern Med.</i>
Sept. 12, 1893	Idaho State Med. Asso...	June or Oct.	<i>Northwest Medicine.</i>
Feb. 27, 1895	Utah State Med. Asso...	Sept	<i>Northwest Medicine.</i>
1901	Med. Soc. State of Cal...	Apr	<i>Cal. State Jour. Med.</i>
Dec. 19, 1904	Nevada State Med. Asso.	Oct	<i>West. Med. Times.</i>
July 31, 1905	Okla. State Med. Asso...	May	<i>Jour. Okla. State Med. Asso.</i>
Jan. 15, 1908	Indiana State Med. Asso.	Sept	<i>Jour. Ind. State Med. Asso.</i>

The Tennessee Medical Association was originally known as the Tennessee Medical Society. The West Virginia State Medical Association will celebrate its fiftieth anniversary next October. The minutes of the Minnesota State Medical Association prior to 1877 do not appear to have been preserved. The Nebraska State Medical Association was organized in 1868 as the Nebraska State Medical Society; the name was changed in 1903. The records of the North Dakota State Medical Association were destroyed by fire Oct. 12, 1916. The Nevada State Medical Association was reorganized from the previous Nevada State Medical Society. The Oklahoma State Medical Association is the result of the union of two organizations; the Oklahoma Territory Association organized May 9, 1893, and the Indian Territory Association organized in May, 1899.

The desired information has not yet been received from the States of Arkansas, Mississippi, Ohio, South Dakota and Wyoming.

CENTENNIAL CELEBRATION.—October 17, 1917, has been selected as the day on which the Medical Society of the District of Columbia will celebrate the One Hundredth Anniversary of its birth. An elaborate literary program and banquet with prominent speakers and visitors from all parts of the country are features of the proposed celebration.

It is sincerely hoped that every member of this Society will become interested and do his part towards making this celebration a great success.

THE AMERICAN ASSOCIATION TO PROMOTE THE TEACHING OF SPEECH TO THE DEAF also offers a prize, \$300.00, for 1917. On "How a mother can best teach and train her deaf child." For further information address the Superintendent of the Volta Bureau, 1601 35th St., N. W., Washington, D. C.

CARREL'S SOLUTION.—This solution is prepared as follows: Dry sodium carbonate, 140 grams; sterile water, 10 liters; add chlorinated lime, 200 grams; shake well; after half an hour siphon off the clear fluid into another bottle through a cotton plug or filter paper and add boric acid, 40 grams. A simpler method is as follows: Solution of chlorinated soda (U. S. P. IX), 200 grams; sterile water, 800 milliliters; boric acid, 4 grams; dissolve; keep well stoppered in cool, dark place.

AMERICAN ACADEMY OF PUBLIC HEALTH.—A new society with this title was formed in Cincinnati, Ohio, Oct. 23, 1916. Among the members are the following Washington physicians: C. L. Alsberg, J. F. Anderson, Rupert Blue, Joseph Goldberger, W. C. Gorgas, J. W. Kerr, J. J. Kinyoun, L. L. Lumsden, G. W. McCoy, A. J. McLaughlin, C. W. Stiles, J. W. Trask and W. C. Woodward.

NATIONAL BOARD OF MEDICAL EXAMINERS.—The second examination by the National Board of Medical Examiners will be held in Washington, D. C., June 13, 1917, and will last about one week. The following States will recognize the certificate of the National Board: Colorado, Delaware, Idaho, Iowa, Kentucky, Maryland, New Hampshire, North Carolina, North Dakota and Pennsylvania. Favorable legislation is now pending in twelve of the remaining States. A successful applicant may enter the Reserve Corps of either the Army or the Navy without further professional examination, if the examination papers are satisfactory to a Board of Examiners of these Services. The certificate of the National Board will be accepted as qualification for admittance into the Graduate School of the University of Minnesota, including the Mayo Foundation. Application blanks and further information may be obtained from the Secretary, Dr. J. S. Rodman, 2106 Walnut Street, Philadelphia.

CANCER.—In the registration area of the United States for the year 1914, there were 52,420 deaths from cancer and other malignant tumors. Of these 21,282 or 40.6 per ct. were males, 31,138 or 59.4 per ct. females, white 50,515, or 96.4, colored 1,905 or 3.6 per ct. Under colored are included 40 Chinese, 17 Japanese, and 22 Indians. Foreign born 18,775, native 31,288. The death rate was 79.4 in 100,000 population. The highest death rate was in Vermont, the lowest in Utah. The heaviest death rate in any city was in Albany, N. Y.; the lowest in Birmingham, Ala. There were 19,889 deaths from cancer of stomach, 8,152 from cancer of female genitals, 6,745 from cancer of intestines and peritoneum, and 5,423 from cancer of breast.

A NEW BOOK.—Dr. F. B. Tiffany of Kansas City, Mo., is writing a book on "A journey Around the World by an Oculist"; a trip that included visits to the clinics in the great cities of Europe, Asia and Africa. To be published by the Franklin Hudson Publishing Company of Kansas City. Pages, 400; illustrations, 100; price, \$2.00.

NATIONAL INVESTIGATION BUREAU, INC., BALTIMORE, MD.—Dr. W. E. Magruder, the President and Medical Director, writes that this company adjusts the claims of policyholders of accident insurance companies, although it does not do business *for* the companies themselves. No charge for preliminary investigation and estimate of cost of service. Service to the widows and beneficiaries of physicians is free of charge. The address is 924 Madison Avenue, Baltimore, where also stock may be obtained.

PRIZES.—The American Academy of Medicine announces two prizes as follows:

1st. For 1918, \$100.00. "The principles governing the physician's compensation in the various forms of social insurance."

2d. For 1921, \$250.00. "What effect has child labor on the growth of the body."

For further information address Dr. T. W. Grayson, Secretary, 1101 Westinghouse Building, Pittsburgh, Pa.

RECENT PUBLICATIONS BY PHYSICIANS IN THE DISTRICT OF COLUMBIA.

- G. N. Acker and E. P. Copeland; Transient abdominal tumor in child of five years with redundant colon; *Amer. Jour. Dis. Child.*, December, 602. Also, in *Trans. Amer. Pediat. Soc.*, May, 55.
- G. N. Acker and J. S. Wall; Multiple sclerosis in a child of 4½ years; *Trans. Amer. Pediat. Soc.*, May, 319.
- S. S. Adams and Frank Leech; The danger to hospital efficiency from diphtheria carriers; *ibid.* 323.
- W. H. Arthur, U. S. A.; Advantages of military training for young men; *Milit. Surgeon*, January, 1.
- A. B. Bennett; Aural typhoid carriers; report of two cases; *Jour. A. M. A.*, Jan. 6, 33. Also, Reflex cough; *Med. Record*, Jan. 27, 151.
- W. A. Bloedorn, U. S. N.; Control of venereal diseases; *Milit. Surgeon*, December, 599.
- W. C. Borden; Greek and Roman surgery; *Va. Med. Semi-Mo.*, Jan. 12, 480.
- J. W. Bovee; Influence of syphilitic infection in gynecology and obstetrics; *N. Y. State Jour. Med.*, December, 569.
- J. H. Bryan; Relation of diseases of accessory sinuses to diseases of eye, especially in children; reports of two cases; *Annals Otol.*, September, 618.
- H. H. Bunzell; Relationship between oxidase activity of plant juices and their hydrogen-ion concentration; *Jour. Biol. Chem.*, December, 315.
- W. M. Clark and H. A. Lubs; Colorimetric determination of hydrogen-ion concentration and its applications in bacteriology; same journal, January, 1.
- H. S. Cumming; The sanitation of the shellfish industry; *Jour. A. M. A.*, Dec. 30, 2001.
- B. L. Elliott; Effects of partial and complete occlusion of blood-vessels on general blood pressure in man; *Amer. Jour. Physiol.*, January, 290.
- W. Fawcett; Cost of operating motor ambulance; *Modern Hosp.*, January, 21.

- John Foote; Chronic duodenal indigestion in children; *Interstate Clinics*, December; abstracts in *Jour. S. C. Med. Assn.*, January, 415, and *New Orleans Med. and Surg. Jour.*, March, 650.
- Carroll Fox, P.H.S.; Public health administration, city of Birmingham and county of Jefferson, Ala.; Reprint 375, Pub. Hlth. Rep., Nov. 10. Also, Public Health administration in Colorado; Reprint 383, Pub. Hlth. Rep., Dec. 29.
- Joseph Goldberger, P.H.S.; The transmissibility of pellagra; Reprint 376, Pub. Hlth. Rep., Nov. 17.
- C. T. Grayson, U. S. N.; Physicians work for naval preparedness; *South. Med. Jour.*, January, 6.
- C. L. Hall, and E. G. Brackett; Osteo-chondritis dessicans, report of cases; *Amer. Jour. Orthop.*, February, 79.
- E. N. Harvey; Chemistry of light production by firefly; *Amer. Jour. Physiol.*, January, 342.
- H. H. Hazen; Teaching of syphilis; *Amer. Jour. Syphil.*, January, 135; abstract in *Jour. A. M. A.*, March 3, 735. Also, Skin cancer; abstract in *Jour. Iowa State Med. Soc.*, February, 82. Also, Diseases of skin; abstract, *Long Island Med. Jour.*, January.
- S. E. Jelliffe and W. A. White; Diseases of nervous system; review in same journal, January.
- C. O. Johns and J. F. Brewster; Kafirin, an alcohol soluble protein from Kafir; *Jour. Biol. Chem.*, December, 59; abstract in *Jour. A. M. A.*, Jan. 6, 66.
- C. O. Johns and D. B. Jones; Proteins of the peanut; *Jour. Biol. Chem.*, December, 77; abstract in *Jour. A. M. A.*, Jan. 6, 66.
- D. B. Jones and C. O. Johns; Some proteins from jackbeans; *Jour. Biol. Chem.*, December, 67; abstract in *Jour. A. M. A.*, Jan. 6, 66.
- R. A. Kelser; Preparation of culture media from whole blood; *Jour. Bacter.*, November, 615.
- G. M. Kober, and W. C. Hanson; Diseases of occupation and vocational hygiene; 918 pages, illustrated; Blakistone, Philadelphia; price \$8.00; review in *Jour. A. M. A.*, Feb. 17, 570.
- R. S. Lamb; Subconjunctival injections of salvarsanized serum in management of ocular syphilis; *Amer. Jour. Syph.*, January, 58.
- R. M. LeComte; An improved shaking machine; *Jour. A. M. A.*, March 3, 710.
- M. W. Lyon; Filariasis; Report and analysis of cases; *Jour. A. M. A.*, Jan. 13, 118. Also, inaccuracies in the size of hemacytometer chambers and pipets; same jour., March 3, 709.
- G. M. McCoy, P.H.S.; Public health aspects of leprosy; *Bost. Med. and Surg. Jour.*, January, 43.
- M. B. Mitzmain, P.H.S.; Is the mosquito or man the winter carrier of malarial organisms; *Pub. Hlth. Bull.*, 84, December.

- E. L. Munson, U. S. A.; Effect of marching on rates for non-efficiency of newly raised troops; *Milit. Surgeon*, February, 171.
- T. E. Neill; Complete rupture of uterus at full term without hemorrhage or shock, recovery of both mother and child; *Amer. Jour. Obstet.*, February, 235.
- R. E. Noble, U. S. A.; Relation of medical profession to medical preparedness; *South. Med. Jour.*, February, 91.
- E. M. Parker and S. C. Breckinridge; Surgical and gynecological nursing; 425 pages, 134 illustrations; price \$2.50; Lippincott Co., Philadelphia; review in *Jour. A. M. A.*, Feb. 24, 655.
- E. R. Phelps and A. F. Stevenson, P. H. S.; Fly poisons; Reprint 374, Pub. Hlth. Rep., Nov. 3.
- C. W. Richardson; Malaria simulating diseases of mastoid and frontal sinuses; *Annals Otol.*, September, 602.
- W. Salant and L. E. Wise; Action of sodium citrate and its decomposition in the body; *Jour. Biol. Chem.*, December 27, abstract in *Jour. A. M. A.*, Jan. 6, 66.
- C. A. Simpson; The sensitizing effect of cold on roentgenized surfaces; *Amer. Jour. Roent.*, October.
- C. W. Stiles; *Treponema pallidum* and *spirochaeta pallida*; *Jour. A. M. A.*, Jan. 6, 57. Also, *Trichinae* in pork and nematodes in butter fish; same journal, March 3, 685.
- I. S. Stone; Interstitial pregnancy, report of case; *Amer. Jour. Obstet.*, February, 239.
- J. W. Trask, P.H.S.; Malaria; Reprint 382, Pub. Hlth. Rep., December 22. Also, Malaria as a public health and economic problem in the United States; *Amer. Jour. Pub. Hlth.*, December, 1290.
- G. B. Triple, U. S. Navy; Ear diseases in the service; *U. S. Naval Med. Bull.*, January, 53.
- C. Voegtlin and G. F. White; Can epinephrin acquire antineuritic properties; *Jour. Pharm.*, December, 155.
- L. Wender; Role of syphilis in insane negro; *N. Y. Med. Jour.*, Dec. 30, 1286.
- C. S. White; Diagnosis of cancer of breast; *Va. Med. Semi-Mo.*, Jan. 12, 472.
- W. A. White; The mechanism of character formation, an introduction to psychoanalysis; 342 pages, cloth, price \$1.75; Macmillan, New York city, Review in *Western Med. Times*, January, 294; also in *South. Med. Jour.*, January, 83; also in *Jour. A. M. A.*, Feb. 24, 654.
- M. I. Wilbert, P. H. S.; The new edition of the U. S. Pharmacopoeia and National Dispensatory; Reprint 372 Pub. Hlth. Rep., Oct. 27.
- L. P. Williamson, U. S. A.; Medical corps of army as a career; *Med. Record*, Dec. 23, 1106.

- D. G. Willits; Statistical study of intestinal helminthiasis; *South. Med. Jour.*, January, 42.
- L. E. Wise; Elimination of malates after subcutaneous injection of sodium malate; *Jour. Biol. Chem.*, December, 185.
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PERSONAL NOTES.

Miss Sarah Catharine Borrows, daughter of the late Dr. Joseph and Catharine Z. Borrows, died in this city January 1, 1917. She had been in poor health for many years.

Drs. G. F. Cottle and J. Y. Taylor, U. S. Navy, have been ordered to duty at the Bureau of Medicine and Surgery, Navy Department.

Dr. Thomas Dowling is now on duty in Wilmington, Del., Asst. Med. Examiner for the Pennsylvania Railroad.

Dr. A. M. Fauntleroy, U. S. Navy, had been detached from the Naval Medical School to the command of the Naval Hospital at Yokohama.

Mrs. Evelyn J. Harrison, widow of the late Dr. James Harrison, of this society, died in this city February 13, 1917.

Dr. F. E. Harrington, P.H.S., has been elected full time Health Officer of Jefferson County, Ala., and for this purpose was granted a leave of absence from the Service.

Dr. Clarence H. Howland of this city was married Dec. 23, 1916, to Anna Lucille Goodhart.

Dr. B. R. Logie is now at the Chevy Chase Sanatorium, 32d and Tennyson streets; phone Cleveland 635. The Sanatorium is for the treatment of nervous and mental diseases, alcohol and drug addicts, convalescents and cases of general enfeeblement.

Dr. Philip J. Murphy was married February 3, 1917 to Miss Helen Rasmussen of Chicago.

Dr. L. A. Rogers was elected a member of the Council of the Society of American Bacteriologists at the last annual meeting.

Dr. T. A. Williams attended the Conference of Medical Education at Atlanta, Ga., Nov. 13-16.

At the meeting of the Southern Surgical and Gynecological Association at White Sulphur Springs, W. Va., Dec. 11-13, Drs. J. W. Bovée, W. P. Carr, Frank Hagner and G. T. Vaughan attended and took part. Dr. Hagner was elected one of the Vice Presidents. Dr. Vaughan read a paper on Fractures of the Femur especially in the Old.

The Medical Society of the District of Columbia.

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 Morris, George Gideon, 1735 Calvert.

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Murphy, Walter C.,	314 E, n. w.
Murray, Thomas Morris,	Abington, Conn.
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Neill, Thos. E.,	1344 19th, n. w.
Neuman, Lester,	1624 I, n. w.
Nevitt, James Ramsay,	1820 Calvert, n. w.
Newell, William Sawyer,	The Champlain.
Newgarden, George J., <i>A. M.</i> ,	1633 Mass. av., n. w.
Newhouse, Benjamin,	1136 6th, n. w.
Nichols, John Benjamin,	1321 Rhode Island av., n. w.
Norcross, Alfred C.,	819 Taylor, Petworth.
Norris, John Lawson,	5714 13th, n. w.
Norris, Phebe Russell,	The Iowa.
Ober, George Clarke,	125 B, s. e.
O'Donnell, Wm. Francis,	1243 3d, n. w.
O'Donoghue, John Alphonso, <i>A. M.</i> ,	909 16th, n. w.
O'Malley, Mary,	Govt. Hosp. Insane.
Ong, Harry A.,	1768 Columbia Road.
Owen, Wm. Otway,	2719 Ontario Road.
Owens, Samuel Logan,	The Plaza.
Pagan, Albert Elwood,	1624 I, n. w.
Parker, Edward Mason,	1726 M, n. w.
Parker, Henry Pickering, <i>A. B.</i> ,	1728 Connecticut av., n. w.
Parsons, Alfred Vandiver,	Box 44, Takoma Park.
Parsons, Mary Almera,	937 New York av., n. w.
Patten, Wm. Francis,	The Parkwood.
Perkins, Wm. Robert, <i>Phar. D.</i> ,	1332 15th, n. w.
Petteys, Charles Volney,	1211 Clifton, n. w.
Pfender, Chas. A.,	304 Rhode Island av., n. w.
Phillips, Wm. Fowke Ravenel,	Med. College, Charleston, S. C.
Pickford, Edward F., <i>A. B.</i> ,	422 8th, s. e.
Pigott, J. Burr,	The Burlington.
Pile, Mayne Marshall,	The Portner.
Pole, Samuel Boyce,	216 8th, n. e.
Polkinhorn, Henry Alexander,	1201 M, n. w.
Pool, Benjamin George,	945 Rhode Island av., n. w.
Poole, Thos. A.,	816 15th, n. w.
Portman, Adeline Elwell, <i>A. M.</i> ,	Chevy Chase, Md.
Potter, James Albert,	300 2d, s. e.
Poulton, Wm. E.,	227 4½, s. w.
Prentiss, Daniel Webster, <i>B. S.</i> ,	1213 M, n. w.
Price, Harry M.,	1315 R. I. av., n. w.
Price, Malvern Hill,	5th and H, n. e.
Prosperi, Milton Hickox,	216 8th, s. e.
Pyles, Richard A.,	2015 Nichols av., Anacostia.
Randolph, Buckner Magill,	The Toronto.
Ransdell, Robert C., <i>P. A. S.</i> , U. S. N.,	Navy Dept.
Ray, Anthony Moreland,	4800 Wisconsin av., n. w.
Read, Boyd Richard,	123 R. I. av., n. e.
Ready, F. J.,	3325 N, n. w.

- Reede, Edward Hiram, The Rochambeau.
 Reeve, Jesse Newman, 1518 28th, n. w.
 Reeves, William Pinkney, The Congressional.
 Reichelderfer, Luther Halsey, 1721 Connecticut av., n. w.
 Reisinger, Emory Wm.,
 Rench, Victor B., 1300 Rhode Island av., n. w.
 Repetti, Fred, 811 L, n. w.
 Repetti, John Joseph, 404 Seward Square.
 Rice, Eugene Clarence, Jr., Garfield Hospital.
 Richards, Alfred, The Seward.
 Richardson, Charles Williamson, 1317 Conn. av., n. w.
 Richardson, Edward Elliott, *M. S., Ph. D.*,
 1001 Alabama av., s. e.
 Richardson, James Julius, 1509 16th, n. w.
 Richey, Stephen Olin, 732 17th, n. w.
 Riggles, John Lewis, The Champlain.
 Rives, Wm. C., 1702 Rhode Island av., n. w.
 Robins, William Littleton, The Rochambeau.
 Rogers, Joseph Decatur, 1400 M, n. w.
 Roman, Frederick Ogle, 1918 17th, n. w.
 Rossiter, Thos. J., 820 D, s. e.
 Roy, Philip Seddon, 1200 Massachusetts av., n. w.
 Ruble, W. A., N. E. Sanatorium, Melrose, Mass.
 Ruedy, Robert Conrad, 621 Maryland av., n. e.
 Ruffin, George Mendenhall, The Parkwood.
 Ruffin, Sterling, 1335 Conn. av., n. w.
 Rule, Amy Jean, 1813 Adams Mill Road.
 Russell, Murray A., 1440 R. I. av., n. w.
 Samson, George C., 2423 Pennsylvania av., n. w.
 Saunders, Chas. Haddon,
 311 Ft. Worth Club Bldg., Fort Worth, Texas.
 Savage, Linnaeus Samuel, 623 Maryland av., n. e.
 Sawtelle, Henry Fenno, 3001 11th, n. w.
 Schaeffer, Edward Martin, 1917 K, n. w.
 Schneider, Elwin C., 1742 U, n. w.
 Schreiber, H. R., 502 H, n. e.
 Scott, James Foster, *A. B.*, McLean, Va.
 Seibert, Edward Grant, *Phar. G.*, 1545 I, n. w.
 Selby, John Hunter, 1206 18th, n. w.
 Sellhausen, Harry A., 640 G, n. w.
 Sessford, Joseph S. F., 1738 F, n. w.
 Shands, Aurelius Rives, 901 16th, n. w.
 Shaw, John Watson, 1453 Rhode Island av., n. w.
 Shoup, Jesse, The Roland.
 Shute, Daniel Kerfoot, *A. B.*, 1719 De Sales, n. w.
 Sillers, Robert Fry, 313 H, n. w.
 Simpson, Chas. August, 1219 Connecticut av., n. w.
 Simpson, John Crayke, 1421 Massachusetts av., n. w.
 Skinner, J. O., Columbia Hospital.
 Sloat, Jesse Irving, The Falkstone Courts.
 Smart, Benjamin Horace, 227 Rhode Island av., n. w.
 Smith, Dwight Gordon, *A. B.*, 1421 Columbia Road.
 Smith, Percy G., 1489 Newton, n. w.
 Snowden, Edgar, 1900 S, n. w.
 Snyder, Arthur Augustine, 1126 16th, n. w.
 Sohon, Elizabeth, 512 I, n. w.
 Sohon, Frederick, 512 I, n. w.
 Sorrel, George R., 616 F, s. w.
 Sothoron, Elmer Hezekiah, *B. E.*, 1921 I, n. w.
 Sowers, Wm. F. M., 1707 Mass. av., n. w.

Sowers, Zachariah Turner, <i>A. M., Ph. B.</i> ,	1707 Mass. av., n. w.
Sparks, Wm. Clark,	The Farragut.
Spire, Richard Lee,	1609 North Capitol.
Sprigg, William Mercer,	The Rochambeau.
Squire, Susan Johnson,	2204 Hoover, Los Angeles, Cal.
St. Clair, Francis Alphonzo, <i>Phar. D.</i> ,	1319 T, n. w.
Stanley, A. Camp,	The Farragut.
Stanton, Wm. Joseph,	3323 O, n. w.
Staples, Aubrey Horatio,	1739 S, n. w.
Stavelly, Albert Livingston, <i>A. M.</i> ,	1744 M, n. w.
Steltz, Peter Henry, Jr.,	611 North Carolina av., s. e.
Stephenson, Eugene Theodore,	653 Maryland av, n. e.
Stewart, John W.,	1202 K, n. w.
Stewart, Margaret Ross,	1713 I, n. w.
Stone, Isaac Scott,	Stoneleigh Court.
Stoutenburgh, John Albertson,	116 2d, s. e.
Strobel, Mary Louise,	16 R, n. w.
Stromberger, Henry Holliday,	135 Florida av., n. w.
Stuart, Albert Rhett, <i>A. M.</i> ,	1638 Conn. av., n. w.
Stuart, James, <i>A. B.</i> ,	1315 12th, n. w.
Suddarth, James Littleton,	609 M, n. w.
Sullivan, Robt. Young,	The Burlington.
Suter, Henderson,	3026 N, n. w.
Sutherin, John Wesley,	3525 14th, n. w.
Swain, Oliver A. T.,	321 E, n. e.
Syme, Wm. Henry,	1316 Euclid, n. w.
Talbott, John Allan,	1869 Wyoming av., n. w.
Tastet, David W.,	2821 11th, n. w.
Taylor-Jones, Louise, <i>M. S.</i> ,	The Rochambeau.
Taylor, Eugene Arthur,	The Manchester.
Taylor, Lewis Harvie,	The Cecil.
Tewksbury, W. D.,	4107 14th, n. w.
Thomas, Ada Rebecca,	The Thomas.
Thomas, John Daniel, <i>A. B.</i> ,	1726 M, n. w.
Thomas, Wm. J. G.,	2905 14th, n. w.
Thompson, Edgar Dorman, <i>A. M.</i> ,	417 Quincy, n. w.
Thompson, J. Lawn,	1404 M, n. w.
Thompson, Millard Filmore, <i>D. D. S.</i> ,	484 Md. av., s. w.
Thomson, Lewis Beecher,	3423 16th, n. w.
Thönssen, Wm. Julius Reichmann,	315 C, s. e.
Tibbits, Albert Perkins,	The Laclede.
Titus, Elijah White,	The Rochambeau.
Tobias, Henry Wood, <i>B. E.</i> ,	1339 Columbia, n. w.
Tobin, Richard F.,	123 11th, s. e.
Trimble, Robert S.,	722 18th, n. w.
Tubman, James Richard,	1750 Park Road, n. w.
Turton, Wm. Elmo,	1216 12th, n. w.
Upham, W. C.,	128 Maryland av., s. w.
Vale, Frank Palmer,	208 Southern Building.
Valentine, Aloysius W.,	610 North Carolina av., s. e.
Van Rensselaer John, <i>A. M.</i> ,	The Rochambeau.
Vaughan, George Tully,	1718 I, n. w.
Verbrycke, J. Russell, Jr.,	The Rochambeau.
Vincent, Thomas Norris, <i>A. M.</i> ,	The Mansfield.
Walker, Reginald Redford,	The Rochambeau.
Wall, Joseph Stiles,	2017 Columbia Road.
Wall, Max Eugene,	Wardman Courts.
Wall, Maximilian C.,	The Portner.
Walsh, Ferdinand Claiborne, Moore Bldg.,	San Antonio, Tex.
Walsh, John Edgar,	202 East Capitol.

Walter, William Francis, <i>A. M.</i> ,	487 H, s. w.
Warren, George Walter,	1212 H, n. e.
Waters, Charles L.,	1414 Q, n. w.
Watkins, Edgar Wm.,	1373 Columbia Road, n. w.
Watkins, Samuel Evans,	1115 O, n. w.
Watson, James A.,	2101 Nichols av., Anacostia.
Weaver, Clarence Arlington,	1614 Q, n. w.
Webb, Newton E.,	1314 East Capitol.
Webb, Walter Duvall,	1803 Connecticut av., n. w.
Wellington, John Ryder, <i>A. M.</i> ,	1723 Connecticut av., n. w.
Wells, Walter Augustine,	The Rochambeau.
Werber, Gustavus, <i>A. M.</i> ,	1353 Q, n. w.
West, Richard Thomas. <i>Ph. B.</i> ,	2519 14th, n. w.
Wetmore, Wm. Olendorf,	1425 U, n. w.
Wharton, John J.,	2011 16th, n. w.
Wheatley, Charles,	The Montana.
White, Charles Stanley,	911 16th, n. w.
White, Davenport,	Stoneleigh Court.
Whitson, Wm. E.	929 M, n. w.
Wilkinson, Oscar,	1408 L, n. w.
Wilkinson, Walter Watkins,	Catawba Sanatorium, Va.
Williams, Tom A.,	1705 N, n. w.
Willson, Prentiss,	1732 Conn. av., n. w.
Wilmer, William Holland,	1610 I, n. w.
Wolfe, James Thruston,	The Rochambeau.
Wood, George Wm.,	2906 P, n. w.
Wood, Wm. Pleasant,	329 East Capitol.
Woodward, Wm. Creighton, <i>LL. M.</i> ,	1782 Lanier, n. w.
Wynkoop, James C.,	1431 R. I. av., n. w.
Yarnall, John Hepburn,	3028 P, n. w.
Yarrow, Henry Crecy,	814 17th, n. w.
Yates, Frederick, <i>LL. M.</i> ,	1230 9th, n. w.
Young, Clifton E., care U. S. R. S.,	Moran, Wyoming
Young, Wm. Glenn,	1523 L, n. w.
Zinkham, Arthur Morris,	Wardman Courts.

HONORARY MEMBERS.

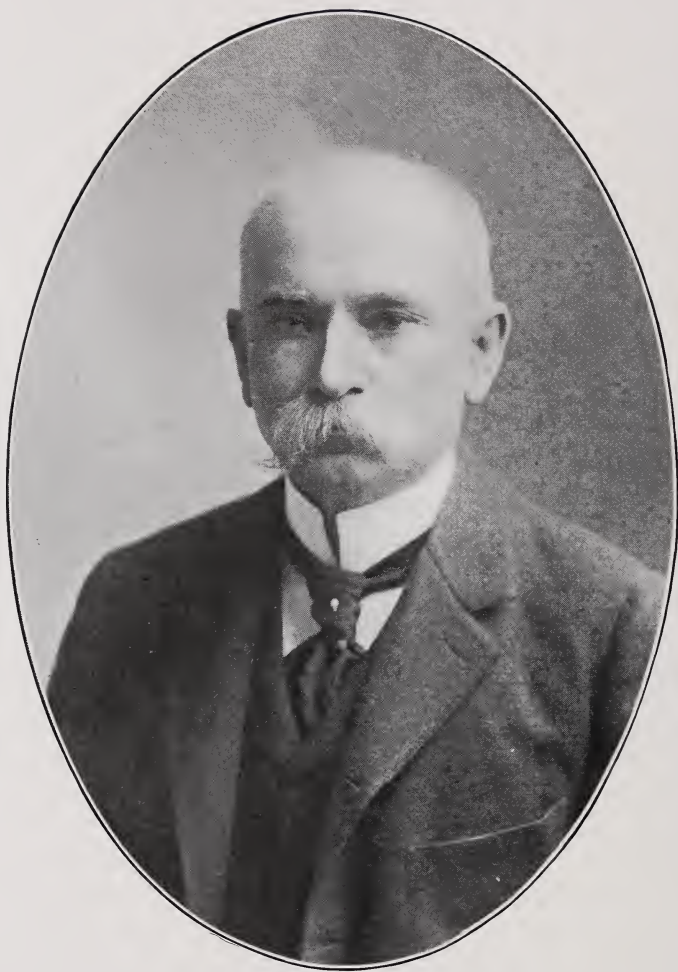
1915—Gorgas, Wm. Crawford,	Surg. Gen. U. S. A.
1916—Blue, Rupert,	Supt. Public Health Service.
1916—Braisted, Wm. C., Admiral,	Surg. Gen'l. U. S. Navy.
1900—Jacobi, Abraham,	19 East 47th, New York City.
1905—Keen, W. W.,	1719 Chestnut, Philadelphia, Pa.
1895—Osler, William,	Oxford, England.
1895—Palmer, W. H.,	274 Broad st., Providence, R. I.
1895—Shattuck, Frederick C.,	135 Marlboro, Boston, Mass.

ASSOCIATE MEMBERS.

Alsberg, Carl L.,	Bureau Chemistry, Dept. Agricult.
Bloedorn, Walter A., P. A. Surg.,	U. S. Navy, Navy Yard.
Brooke, Roger, Major, M. C., U. S. A.,	1106 Conn. av., n. w.
Bullard, Ernest Luther,	Rockville, Md.
Christie, Arthur C., Capt., M. C., U. S. A.,	1621 Conn. av., n. w.
Fadeley, George B.,	181 Falls Church, Va.
Fauntleroy, Archibald M., Surg.,	U. S. Navy, Naval Hospital.
Fisher, Henry C., Lt. Col., M. C.,	U. S. Army,
	Surgeon General's Office.
Grayson, Cary T., P. A., Surg. U. S. Navy,	Naval Dispensary.

- Griffith, W. Allen, Berwyn, Md.
 Howard, Leland Ossian, Dept. Agric., 2026 Hillyer Place.
 Hrdlicka, Ales, U. S. National Museum.
 Hunter, Walter David, Bureau Entomology, Dept. Agric.
 LaGarde, Louis Anatole, U. S. Army, 2624 Woodley Place.
 Latimer, Guy W., Hyattsville, Md.
 Leake, James Payton, U. S., P. H. S., 1410 Girard, n. w.
 Lyster, Theodore C., Major, M. C., U. S. Army, 1720 H, n. w.
 McCray, Arthur Howard, Tulane Medical School, New Orleans, La.
 Moore, Thos. Verner, 1106 Conn. av., n. w.
 Noble, Robert E., Major, M. C., U. S. Army, Surgeon General's Office.
 Pleadwell, Frank L., Surg., U. S. Navy, Naval Dispensary.
 Prentiss, Elliot Coues, El Paso, Texas.
 Pryor, James Chambers, Surg., U. S. Navy, 1779 Mass. av., n. w.
 Reasoner, Matthew A., Capt., M. C., U. S. Army, Army Medical School.
 Read, Effie Alberta, Dept. Agric., The Ridgway.
 Scott, James Robert, Army Medical Museum.
 Smith, Hugh McCormick, Bureau Fisheries, 1209 M, n. w.
 Talbott, Edward M., Capt., M. C., U. S. Army, Fort Bliss, Texas.
 Van Swearingen, Walter, Freedmen's Hospital.
 Voegtlin, Carl, Hygienic Laboratory.
 Whaley, Arthur M., Capt., M. C., U. S. Army, 1835 Irving, n. w.
 White, Wm. A., Govt. Hosp. Insane.
 Whitmore, Eugene R., Major, M. C., U. S. Army, Army Medical School.
 Wiley, Harvey W., 2345 Ashmead Place.
 Williams, A. W., Major, M. C., U. S. Army, The Portland.





J. FORD THOMPSON, M. D.

WASHINGTON MEDICAL ANNALS

AMERICAN ACHIEVEMENT IN MEDICINE.*

By JOHN BENJAMIN NICHOLS, M. D.,

Washington, D. C.

A full exposition of all the details of American achievements in the field of medicine would involve study which has been beyond my opportunities to make and require an outlet for presentation far greater than is afforded by the compass of an ordinary paper. It is my purpose to call brief attention to some of the more notable American contributions to medicine, especially those of the earlier days; and while these are more or less familiar, it may not be amiss to recall them to mind, with perhaps the idea that they may aid us in reorienting ourselves in these dislocated times.

The most conspicuous achievements in medicine, and the most far-reaching in their results, are the original discoveries and new contributions to medical knowledge and practice. America has to its credit some such contributions of the first rank, besides many others of less consequence; and these not merely from recent times, when we have had ample facilities and activities in research work, but also from the early times, when we were a crude provincial people, without the advantages and the culture of the then contemporary Europe.

In the fundamental medical sciences stand out preëminent the famous investigations of gastric digestion conducted by William Beaumont. In spite of his French-looking name, perhaps indicating a remote Norman or Huguenot origin, Beaumont was of the purest American stock, his New England ancestry dating back to the original Puritan immigration prior to 1640. Born in Connecticut in 1785; at the age of 21 he located himself in northern New York; studied medicine for two years under a preceptor, in the manner then customary, and began practice in 1812. He served as army surgeon during the war of 1812, and again from 1820 to 1839. On June 6, 1822, at Fort Mackinac,

* Read April 25, 1917, under the auspices of the Medical History Club of Washington, D. C., before the Medical Society of the District of Columbia.

he was summoned to attend Alexis Saint Martin, a French-Canadian boy of 19 years, who a few minutes previously had been wounded in the epigastrium by a load of shot accidentally discharged from a shotgun at two or three feet distance, causing extensive lacerations, with protrusion of lung and stomach. After a tedious course of a couple of years, under Beaumont's care, the wounds finally healed, leaving an opening closed by a flap which when pushed aside revealed to observation the interior of the stomach. At intervals from 1825 to 1833, mostly at remote military posts, Beaumont conducted on this subject a series of observations and experiments of gastric digestion, publishing his results in 1833.

The story of Beaumont's life (for a vivid portrayal of which we are indebted to the late Dr. Jesse S. Myer) is as fascinating as a romance. With only the crude medical education of his day, lacking a scientific training (as he modestly recognized), with but the limited resources and associations of remote frontier stations, he yet conducted a masterly scientific research and made a contribution to physiologic knowledge of the highest order. His studies at the time attracted widespread interest in Europe as well as in America, and enlisted the attention of many of the leading scientists of his day. While he did not discover much that had not been previously surmised, he swept away a mist of vagueness and guesswork and error that had previously enveloped the subject, and established our present knowledge of gastric digestion on a clear and definite basis.

Some early American contributions in internal medicine are worth mentioning:

John Conrad Otto (1774-1844), of Philadelphia, presented the first published account of hemophilia, in 1803.

L. Danielsson and E. Mann, of Massachusetts, presented one of the earliest accounts of cerebrospinal meningitis, in 1806. Elisha North (1771-1843), of Connecticut, in 1811 published the first book on cerebrospinal meningitis; in which he advocated the use of the clinical thermometer.

James Jackson (1777-1868), of Boston, presented, in 1822, one of the earliest descriptions of alcoholic neuritis.

His son, James Jackson, Jr. (1810-1834), first described prolonged expiration as a sign of phthisis (1833).

John Kearsley Mitchell (1793-1858), of Virginia, (father of S. Weir Mitchell), first described the neurotic arthropathies (1831) later studied by Charcot and others whose names are more familiarly known in connection with them.

John Ware (1795-1864), of Harvard, presented one of the early classic studies of delirium tremens (1831).

William Wood Gerhard (1809-'72), of German origin, born

and resident in Philadelphia, in his time a great clinician, presented (1833) the first accurate clinical study of tuberculous meningitis in children.

In 1837 Gerhard enunciated the first clear differentiation between typhus and typhoid fevers. For ages "continued fever" had been regarded as a disease entity, with variations due to atmospheric or other influences; a number of conditions that we now clearly distinguish were grouped together under that rubric, and, although a few clinicians had attained transient glimmerings of distinctions between them, the general conceptions of the subject had from time immemorial been very obscure and hazy, with correspondingly irrational and ineffective therapy. Louis, of France, in 1829 made a classical presentation of the morbid anatomy of what we now know as typhoid fever; but as the continued fevers of France coming under his observation were exclusively typhoid, and not having had a chance to observe typhus, he did not realize that there were two distinct diseases and he described the lesions studied by him as pertaining to typhus. Gerhard, as a pupil of Louis, had become familiar with typhoid fever in Paris, but on his return to America had an opportunity of observing an epidemic of typhus, when he recognized that the two were distinct diseases, and he made the first clear elucidation of the distinctions between them based on sound pathologic principles. This contribution to the clarification of the subject of continued fever was of the highest importance. The distinction between typhoid and typhus fevers very quickly became generally recognized in the United States; in Great Britain and Ireland, where the prevailing fever was typhus, a clear understanding of the distinction was not attained until twelve to fourteen years later.

In 1843 our Oliver Wendell Holmes (1815-1894) presented an exposition of the contagiousness of puerperal fever which is both a literary and a medical classic. His views were violently opposed by the leading American obstetricians of his time, Hodge and Meigs. It was about three years later that Ignatz Philipp Semmelweis (1818-'65), a Hungarian, entered a Vienna obstetrical service and prosecuted his studies of the subject, the results of which were published in 1847-'49 and subsequently, and which ultimately, in spite of fierce opposition, completely established the practice of obstetrical antisepsis.

Of high rank in the list of the world's great accomplishments was the discovery of the mode of transmission of yellow fever and the sanitary measures resulting therefrom, which have practically brought about the eradication of a great and dreaded scourge from the world and yielded economic results of the greatest importance to tropical regions. While as in the case of many other great discoveries suggestions approximating the truth

had been previously advanced, the actual and fruitful demonstration of the mosquito transmission of yellow fever was the outcome of a research conducted in Cuba in 1900 by a United States Army Board consisting of Major Walter Reed (1851-1902), James Carroll (1854-1907), Jesse William Lazear (1866-1900), and Aristide Agramonte. Carroll subjected himself to experimental inoculation, and suffered an attack of yellow fever with recovery. Lazear died, a martyr to the research.

Brilliant results came from the practical application of this discovery, by Surgeon-General William C. Gorgas (1854-——). By the measures instituted by him Havana in 1901 was for the first time in 150 years freed from yellow fever. Later, in the Panama Canal Zone, which had previously been one of the pest holes of the earth, he eradicated yellow fever, malaria, and other diseases, thus achieving a marvel of sanitation that stands as a triumph of American genius.

Surgery, always in advance of internal medicine, has offered a field especially adapted to the characteristic American genius for inventiveness and mechanical aptitude. From early days American surgeons have manifested a boldness, skill, and success in operating scarcely surpassed. The catalogue of pioneer and original operations performed by them, of their inventions of new methods and appliances, of the improvements and refinements in technic introduced by them, is a lengthy and creditable one. Many branches of surgery have had notable American exponents and contributions.

In the field of vascular surgery, for instance, Valentine Mott (1785-1865), of New York, a pupil of Astley Cooper (of England), was a great pioneer. He achieved international fame by performing, for the first time in the history of surgery, the operation of ligating the innominate artery, in 1818, the patient surviving 25 days. He did the first successful ligation of the common iliac, in 1827. He is said to have done in all 138 ligations of great arteries for aneurism, a number greater than stands to the credit of any other surgeon. Many other surgeons in widely separated parts of the United States were equally bold and successful in artery-ligations; especially to be mentioned perhaps is Andrew Woods Smyth (1833-——), of New Orleans, who in 1864 did the first successful ligation of the innominate artery, together with the common carotid and right vertebral in the same patient.*

In bone and joint surgery, amputations, excisions, resections, etc., American surgeons achieved notable results. The introduction or perfecting of plaster-of-Paris dressings, of wiring fractures, of weight and pulley extension, resection of ribs in em-

* In this probably unique case the patient lived for eleven years after the operation. The specimen of the ligated vessels is in the Army Medical Museum.

pyema, and numerous similar procedures, are examples of American contributions in this field.

Abdominal and gynecological surgery was largely originated and developed by American surgeons.

John Bard (1716-1799), of New Jersey, did three operations for extra-uterine pregnancy in 1759; and William Baynham (1749-1814), of Virginia, in 1791 and 1799, operated twice successfully for this condition. In 1816 John King, of South Carolina, operated for an abdominal pregnancy, saving both mother and child; he published the first book on the subject of extra-uterine fetation, in 1818 (in England).

The founding of operative gynecology is credited to Ephraim McDowell (1771-1830). McDowell was born in western Virginia in 1771; studied for two years in Edinburgh; and conducted an active and successful surgical practice in Danville, Kentucky, then a remote frontier town. In 1809 he successfully removed a large ovarian cyst, the patient living for 31 years afterward. This was the first ovariectomy (or oophorectomy) ever done by a trained surgeon. He published a report of this and two other successful cases in 1817, and of two more cases in 1819; in all he performed the operation 13 times, with at least 8 recoveries. Three other ovariectomies were successfully done by American surgeons in 1821 (Nathan Smith, of Connecticut), 1823 (Alban G. Smith, of Kentucky), and 1829 (David L. Rodgers, of New York). The operation was perfected by the brothers, John Light Atlee (1799-1885) and Washington Lemuel Atlee (1808-1878), of Lancaster and Philadelphia, Penn., who from 1843 and 1844 performed in all 465 ovariectomies. The reports of McDowell's ovariectomies were received in Europe with incredulity and derision; and it was not until about 1836 that the operation was first performed in Europe. Without question, to the acumen, skill, and boldness of McDowell is due the credit of the introduction of an operation of incalculable benefit to suffering women, and of an influence opening up the field of gynecology.

Many other American surgeons contributed eminently to the development of gynecologic surgery, among whom may be mentioned James Marion Sims (1813-'83), of Alabama, 1835-'53, and of New York from 1853. He acquired renown from the publication in 1852 of his perfected method for cure of vesicovaginal fistulas, which (although previously a few times successfully operated for) had been a stumbling block in gynecologic surgery. His work and services as operator were held in high esteem in Europe.

The present status of our knowledge of appendicitis in all its aspects is largely of American development. Although the condition now known as appendicitis had for centuries been vaguely

apprehended (as under the old name "iliac passion"), and had at various times been subjected to operation, the complete elucidation of its pathology was the contribution (in 1886) of an American, Reginald Heber Fitz (1843-1913), of Boston. Fitz introduced the term "appendicitis," and caused the abandonment of the previous concepts of typhlitis and perityphlitis. Charles McBurney (1845-1913), of New York, made an important contribution (from about 1888) to the diagnosis of the condition by directing attention to the "point" which bears his name. American surgeons were also influential in developing the operative technic for this disease.

The crowning American contribution to surgery was the introduction of anesthesia. In 1800 Sir Humphry Davy, of England, experimented with nitrous oxide, and suggested its use in surgery. Between the suggestion and the practical and successful application of the method, however, many years elapsed. In 1844 Horace Wells (1815-1848), a dentist of Hartford, Connecticut, experimented with nitrous oxide in dentistry, but failed to establish its successful use; and the anesthetic employment of this agent was not developed till after the introduction of ether.

The narcotic properties of ether had been known for some years, and it had been used sportively to bring about intoxication. In 1842-'43 Crawford Williamson Long (1815-'78), a young physician of Georgia, successfully employed ether anesthesia in a few surgical operations; but his cases were not published and remained generally unknown until after Morton's demonstration, and he cannot be allowed any part in the introduction of anesthesia to the profession. William Thomas Green Morton (1819-'68), a dentist and medical student of Massachusetts, for a time had been a partner of Wells, and was familiar with the latter's nitrous-oxide experiments; and he also studied medicine with Dr. Charles T. Jackson, an able chemist, who had some familiarity with the effects of ether. Acquiring some ideas from these two, he successfully experimented with ether as an anesthetic. On October 16, 1846, a red-letter day in the history of the world, the use of ether anesthesia in a surgical operation was publicly demonstrated in the Massachusetts General Hospital. The use of the method immediately spread all over the world; and chloroform anesthesia was introduced in 1847 by Sir James Young Simpson, of Edinburgh. Morton vainly attempted to keep the nature of his anesthetic agent secret and to commercialize its use; and a bitter controversy arose among Morton, Wells, and Jackson as to their respective claims to the discovery. Wells, dismayed by a fatal case of nitrous-oxide anesthesia, abandoned practice, lost his mind, and committed suicide. Morton's life was ruined by the controversies that arose. Yet in spite of the sordid and unfortunate attendant circum-

stances, to Morton is generally conceded the imperishable glory of introducing the priceless boon of anesthesia to the world. The abolition of human suffering effected by this method and its far-reaching influence on surgical technic and possibilities have been of incalculable value to humanity.

In this brief summary of our most notable contributions to medicine, I have not covered the two or three decades just past. During this recent period medical research in this country has been very active, under individual or institutional auspices, and many important original contributions have emanated from America, as in the domain of nutritional physiology, parasitology, serology, surgical technic, etc.

National achievement in medicine may be taken to embrace not only the new additions to knowledge, which are the work of a very few, but also the efficiency and progressiveness of the profession in general in ministering to the needs of the public. The charge is often made that American medical practitioners have been but crudely and inadequately educated for their professional work. Perhaps that is to some extent true. It is nevertheless probable that the task imposed on American physicians under the coexisting conditions has been faithfully and satisfactorily performed. Within the brief span of a generation or two our country expanded from a thin fringe of civilization along the seacoast over a vast continent. During this period of rapid conquest of a wilderness many of the refinements of civilization were not available; and the opportunities for medical training afforded by the times and the conditions were perhaps all that could have been reasonably attainable.

It is possible to overstress the part played by the education afforded by the schools in the making of competent medical practitioners. Certain moral qualities, conscience, genius, energy, resourcefulness, are also essential. Medical education only begins in the schools; and men of intelligence and energy can by subsequent application make up for early deficiencies in training. Many a poorly educated man has become a competent or even great physician, or surgeon, or discoverer.

The faithfulness and conscientiousness of American physicians in serving their communities under arduous conditions cannot be doubted. The practice of medicine in thinly settled or mountainous districts is a laborious and trying pursuit; and the host of American practitioners who have faithfully spent their lives in such strenuous service have earned the gratitude of their communities and extort the admiration of those of us whose work lies in easy places.

As to the general efficiency of the American profession, it is difficult to form a comparative judgment. In the practice of surgery, certainly, proficiency and aptitude have been displayed.

In our earlier literature are presented the records of an abundance of competent and skillful surgical work in many small and remote places all over the country, which affords evidence of wide dissemination of surgical ability. The well-known superiority of American dentistry is another example of our surgical efficiency. If our practice of internal medicine has been relatively as satisfactory as our surgical practice, no complaint can be sustained as to the general efficiency of American physicians. The American profession have been prompt in the reception and utilization of new discoveries, have resorted in large numbers to the great medical centers abroad and at home to improve their qualifications, and have kept well abreast the advances of their science.

For a long time the facilities for medical education in the United States were to a large extent inadequate and unsatisfactory; we have had a surplus of inferior and unworthy medical schools, with low educational standards. Within the past fifteen years, however, great improvement has been brought about in this respect; unworthy schools have been eliminated, unnecessary and superfluous institutions discontinued or merged, and the curricula and requirements brought to proper standards; so that we now have satisfactory and creditable institutions for medical teaching.

The production of medical literature in America, especially periodical literature, has been excessively prolific. Of the current medical journals of the world nearly 40 per cent. are American. A large number of these are really commercial publications, not only worthless and unworthy, but pernicious, which the better element of the medical profession repudiates. Many of the journals, while respectable, are of local and limited scope. Other countries also have worthless and minor medical journals. Some of our periodicals, however, have been and are of the highest rank, in scientific worth and scholarly character ranking with the world's best. Such a one is the *American Journal of the Medical Sciences*, continuously published in Philadelphia since 1820. There are numerous others, some general in scope, some devoted to special branches, of the best grade and a credit to the country.

We are often taunted with the prevalence of quackery in this country, especially taking the form of adherence of the public to sectarian systems. Medical sectarianism, it is true, flourishes in the United States as nowhere else in the world. Yet human nature is much the same everywhere, and the element that in America revels in sectarian phantasies in other countries turns to other equivalent forms of quackery. Charlatans abound and thrive in all countries. Exact figures are available for Germany, where for years the quacks have characteristically been officially

registered. From the authoritative figures and facts given by Abraham Flexner in his well-known report on Medical Education in Europe (1912), it is amazing to learn how prevalent irregular medical practice has been in Germany. Berlin, for instance, had 3,584 legally qualified physicians and 1,349 quacks, or 38 quacks for every 100 physicians. In Saxony there were 51 quacks for every 100 doctors, and in Frankfort 90 quacks per 100 physicians. Flexner cites an estimate that over a third of the medical practice of Germany was in the hands of the quacks.

In the United States in 1910, according to the census, there were 151,132 legally authorized medical practitioners and 6,834 "healers" not legally qualified. If we estimate (liberally) that of the authorized physicians about 10,000 were homeopaths and other legalized sectarians, we would have about 140,000 regular physicians and 18,000 sectarians and healers; about 13 of the latter for every 100 regulars. Deplorable and exasperating as the conditions are in America, we are therefore by no means unique in this respect, and indeed according to the official figures far better off than some other countries.

In general, it is obvious that from America have come important and creditable original contributions to medical knowledge, and that the American medical profession has satisfactorily and efficiently performed the duties incumbent upon it. In the earlier days, this was a young and struggling country, provincial and crude in culture, a relatively unimportant and despised member of the world's group of nations; yet even in those days, the days of McDowell, and Mott, and Beaumont, and Morton, our medical achievements were more than commensurate with our national standing. At the present time, largely as a development of the past two or three decades, we can point to a medical activity and organization in keeping with our position as a world power and comparing favorably with other leading countries. We have a large and efficient hospital service; we have great clinics, of international note; we have great research institutions, well endowed and efficiently manned, with original research being actively and fruitfully prosecuted in many quarters; our output of medical literature of the highest rank is equal to any; we have a great medical library and bibliographic service nowhere equalled; we have institutions affording facilities of high grade for medical education; and we have a host of practitioners of intelligence and competency, devoted to the high ideals of the profession. Intelligence, energy, and resourcefulness are national characteristics that have put America in the forefront of nations; and these qualities, equally displayed by the American medical profession, have earned for it a prominent place. American achievement in medicine has been not only creditable to the coun-

try and a just source of pride and gratification, but has conferred incalculable benefits on the entire race.

With what motives, and to what end, do we attempt to estimate national achievement? In this calamitous time, when the world cowers terrified under a titanic combat of nations, the principles of nationalism and patriotism are undergoing piercing and pitiless analysis. National glorification or national domination is not the ultimate aim of the highest human activities, certainly not of medicine. We can now appreciate the ineptitude of the chauvinistic attitude which vaunts national attainment as in all respects excelling all the rest of the world. We have witnessed the disaster that can be inflicted on humanity by an arrogant nationalism with the will and the power to seek to force its system on the whole world. There are limitations as well as obligations involved in nationalism.

Medicine is not a merely national matter, but should be international, or rather pan-national, in scope, embracing all humanity in its service. National activities should promote, not antagonize, the universal advancement of medicine. A just valuation of our own national achievement in this field compels general recognition of our contribution to this branch of world service, and refutes the claim that any arrogant nation may choose to advance of being the sole vehicle and embodiment of progress and science. If we demand the recognition that is our due, we must grant the same recognition of the achievements of other nations. This affords a noble ideal of the relations of the nations to one another in the service of medicine;—all the nations working together in harmony and amity, with mutual good will and helpfulness, in the common cause. Each nation thus, with its own organization, its special opportunities, and its particular genius, can in its own way labor with fervor and diligence for the betterment of the science and the benefit of the race.

The internationalization of medicine is an accomplished condition. The brotherhood of all mankind, the service of all humanity, is fully realized in medicine. Is it a vain aspiration, a chimerical dream, that in all other human relations,—industry and commerce, science and art, civics and beneficence,—the peoples and nations of the world should devote themselves with like zeal and earnestness to the general service of the entire race? It is impossible to conceive of bellicose contentions occurring between civilized nations on medical or scientific grounds; if in all other relations and activities the same spirit prevailed as in medicine, the era of perpetual and universal peace and international comity would be established.

Dr. Frank Baker had not considered the matter enough to make worthy remarks in the discussion of it. The paper had not

by any means exhausted the subject. All the statements made were very just; there was no criticism to be made. He had hoped that mention would be made of American anatomical discoveries, such work being more in line with Dr. Baker's immediate interests. Many of our discoveries had been appropriated by the Germans. He did not say this in a spirit of animosity; it was a mere recognition of a fact growing out of a lack of intimate intellectual communion between the two countries; it has to be recognized that we are and have been very much farther away from Germany intellectually than from England and France. He wished Dr. Nichols might have spoken of the work of Bigelow and his system for the reduction of dislocations of the hip joint on the basis of the anatomy of that joint; also, of Wallace's discoveries about the ciliary muscle of the eye, discoveries published fifteen years before Brücke's independent discoveries in the same field. Dr. Baker did not mean to be invidious in these remarks; Brücke's description of the anatomical data in question was much more classical and exact than Wallace's, but the priority was distinctly American. We should not be overly jealous of our discoveries; they are for the benefit of the world and are not and should not be subject to patent.

Dr. F. H. Garrison had no criticism to make of the paper; only congratulations to offer the author for its excellence. It had avowedly touched only the high places of the history of American medicine. It had occurred to him to say that one reason that our early discoveries in medicine were so isolated and so few and far between was that there was no organization of medical men and medical endeavors in our early days. The sciences and arts were closely organized abroad and subsidized by the governments, and therefore research could be conducted more fully, discoveries could be carried to demonstration, and publication of such discoveries rapidly put them into the possession of all. The beneficial effect of organization is well exemplified by the work of the medical department of the United States Army; a paper recently published by Col. McCulloch, of the Surgeon General's Library, will show that the Army Medical Department has led all other military establishments in the field of preventive medicine. Another example of the effect of good financing and of individual effort that amounts to organization is to be found in the case of our periodicals dealing with purely scientific aspects of medicine. The *American Journal of Physiology* was financed for a number of years out of the private purse of Professor Porter, of Harvard, and the *Journal of Morphology* was supported financially by Professor Whitman, of Chicago; the *Journal of Biological Chemistry* by Dr. Christian A. Herter, of New York; the *Journal of Experimental Medicine* was fathered and fostered by Dr. Welch, and others too numerous to mention.

Such journals are quite on a par with the best scientific literature of the world.

Dr. G. M. Kober could not refrain from commenting on the excellent paper and congratulating the author of it. His recollections went back to his student days, when as a youth of 21 to 23 he had been given the pleasant task of looking over a great accumulation of musty, dusty scientific documents which had accumulated in the office of the Surgeon General; it was his duty to sift the wheat from the chaff of this material and he had the pleasant memory of having found some of the original contributions of Beaumont upon his study of Alexis St. Martin which otherwise might have been lost. Dr. Kober had found also many valuable reports upon the work of the medical department of the Army in the Mexican war. He wished publicly to express his indebtedness to those old Army surgeons to whose excellent English diction he owed much for whatever facility in the command of the English language he had acquired. He regretted that Dr. Nichols in calling deserved attention to the work of the Army Yellow Fever Commission had not mentioned earlier work upon which that success was built. Our own Dr. King's suggestions concerning the relation of mosquitoes to malaria should not be neglected, but more important still, in his judgment, was the preliminary work of General Sternberg upon which basis the Commission proceeded; and it was upon the verbal instructions of Gen. Sternberg that the line of inquiry which resulted in the complete demonstration of the etiology of yellow fever was undertaken. Both Dr. Welch and Dr. Agramonte unite in claiming for Gen. Sternberg the credit for this pioneer work which led up to the brilliant demonstration by Dr. Reed and his associates. Welch also claims for Sternberg the credit for discovering the pneumococcus, having isolated this organism from the buccal secretions of his own mouth and the mouths of coworkers and having described its morphology; it has to be recognized, however, that he did not demonstrate its relation to pneumonia. The discussion would be incomplete, too, if the work of Ashford, who first recognized the relationship of hookworm disease and Porto Rican anaemia, were not mentioned. It was a local man, also, who was the first to point out the agency of the housefly in the transmission of typhoid fever; and it was Dr. Vaughan, of this city, who was the first surgeon in this country to transplant successfully a knee-joint.

Dr. John Foote said that the paper was the best presentation of the subject he had ever heard. He had been struck by the fact that so many important discoveries had been made by country doctors; Beaumont, McDowell, Sims, and others, all were men from obscure localities. He prophesied that in spite of the increase of opportunities for medical research, we will not

accomplish so much in the future. It was Theodore Vail who said that the invention of the telegraph and telephone had saved the world four thousand years; and somebody inquired what had become of all that time, since nobody had any. It was, perhaps, because persons in remote localities are not hurried, because they have time to think, that these country doctors did such good work and made those painstaking observations upon which their discoveries depended.

Dr. A. B. Hooe said that Dr. Kober had claimed for General Sternberg and for Dr. King participation in the honor of the discovery of the propagation of yellow fever by mosquitoes; discussion of the subject requires the recognition of the fact that fifty years before Dr. King's paper, a doctor of New Orleans had made the same suggestion in explanation of the epidemic of yellow fever then prevailing in the South. Dr. Nichols had spoken of the Atlees, of Lancaster, Penna. Their work was not carried out as on a bed of roses by any means; they were bitterly condemned by their colleagues and contemporaries. But they lived to be honored and rewarded. Many pioneers have been thus unjustly criticised. Mention should be made of the fact that it was Stuart McGuire, chief surgeon of Stonewall Jackson's army, who first suggested and practiced the utilization of captured medical officers for the care of their own wounded, thus originating the established custom of regarding sanitary forces as non-combatant personnel having the immunity of the Red Cross wherever found. This was a practice which had received the sanction of all nations until the regrettable exceptions noted in the present war.

Dr. L. O. Howard said that the opposition and persecution to be expected by the proponent of new and revolutionary ideas was well illustrated by an anecdote recently told by Dr. Howard E. Ames, of the Navy, retired. When serving some years ago with the Pacific fleet, at Hongkong, he was in conversation with medical officers of other fleets in those waters, and one of them said with great amusement to another: "Tell him about Pat Manson's crazy idea." This crazy idea was Sir Patrick Manson's conception of the relation between the mosquito and filariasis, which he afterwards established and which was the precursor of all the important discoveries of the relation of mosquitoes to disease.

Dr. Prentiss Willson said that mention should surely be made of that very wonderful prose composition in the English language, the classical defense of Semmelweiss' theory of the contagious nature of puerperal fever by Oliver Wendell Holmes.

Dr. N. D. Brecht said that the discussion would not be complete without mention of Bowditch's discovery of the relation

between damp habitations and tuberculosis; of Flick's demonstration of the dissemination of tubercle bacilli in dried sputum; and of Trudeau's discovery of the open-air treatment of tuberculosis.

Dr. D. S. Lamb said that the History of the Medical Society of the District of Columbia sets forth that it was Dr. Alexander MacWilliams, of this city, who first used adhesive plaster in the treatment of fractures.

Dr. Nichols said that the compass of a paper to be read in a half hour forbade mention in detail of all the American contributions to medicine. He wished to acknowledge his indebtedness to Dr. Garrison for directing him to the sources from which the material of his paper had been derived; of these sources, none other had been so helpful as Dr. Garrison's own book on the History of Medicine. He expressed a high appreciation of the intelligence and ability of the country doctor.

CASE OF SYPHILITIC MYOSYNOVITIS.*

By E. CLARENCE RICE, M. D.,

Washington, D. C.

The case I have the honor of reporting as a "syphilitic myositis" could more properly be termed a syphilitic myosynovitis. The history is as follows:

Mr. H. H. J., married, age 47, plumber. Family history not important. The patient had the usual diseases of childhood and made good recoveries. At the age of 16 he had gonorrhoea and at 19 he had pneumonia; he occasionally has tonsillitis. For the past five years he has been having some digestive disturbances and has been constipated. He has been a plumber for the past twenty-five years. There is no history of a luetic infection.

In January, 1915, the patient journeyed to City Point, Va., to take a position as superintendent of a filtration plant, the work requiring him to be in mud and water; rubber boots were used. In the early part of January, 1916, he was taken with a chill of rather long duration, and about the 15th of the same month, it was noticed that his ankles were becoming swollen and red. His knees, hips, fingers, elbows, shoulders and jaws also became involved. The legs were flexed on the thighs, the fingers were flexed, the forearms were flexed on the arms and the jaws could barely be opened. There was not much pain, but the muscles and joints were sore to the touch. These contractures took place within 48 hours. Hot applications relieved the condition some-

* Reported with patient to the Medical Society, March 21, 1917.

what, but from January to April it was necessary for him to be fed.

He has been under treatment at various institutions and has had several physicians, who gave various diagnoses, viz: "gastric juice poisoning," "rheumatism," "arthritis deformans," etc. At the time of his admittance to the wards of the Garfield Memorial Hospital, the periarticular tissues were so enlarged that the bony structures were not discernible; the ankles, knees and hands were chiefly involved. Although the condition had improved since its onset, it was necessary for him to use crutches, and in going up stairs the assistance of another individual was necessary.

On admission, November 15, 1916, it was thought that he was suffering from arthritis deformans, but an x-ray picture of the hands, which were the worst involved at that time, showed no bony involvement other than a dislocation of the thumbs. The Wassermann reaction of the blood serum, made soon after admittance, showed a double plus. It was proposed to do a seminal vesiculotomy, but this was refused by the patient. He was dieted, the bowels were kept open and sodium bicarbonate and sodium salicylate administered, with but little effect.

On December 15, inunctions of the 50 per cent. ointment of mercury were begun and potassium iodide in 20 minim doses also. The response to this treatment was soon noticed; the enlargement about the joints began to recede, the range of motion was increased and the pain on motion was diminished. Salvarsan .6 gram was administered intravenously on December 28. The Wassermann reaction of the blood serum on January 4, 1917, was negative. About the 1st of January he had some gastrointestinal disturbance which closely simulated the gastric crisis of tabes. This condition was repeated on January 13. On January 14, salvarsan .6 gram was given intravenously. On January 20, a pleural rub was detected at the base of the left lung; inspiration and expiration caused pain; the joints had again become somewhat enlarged. January 27, he felt "fine," but on the 7th of February he complained of loss of appetite and a general bad feeling. This was attributed to the potassium iodide, the administration of which was stopped and the patient returned to normal. On February 11 he was discharged, "feeling fine," and able to walk without crutches; the enlargement about the joints had greatly decreased.

Since his dismissal from the hospital his condition has varied, at times getting worse, then improving. There seems to be a definite relationship between the condition of the digestive tract and the joints and muscles. The synovial fluid increases from time to time and he states that he can dislocate the shoulder and other joints.

The physical examination made at the time of admission to the Garfield Hospital was as follows:

The state of nutrition of the body was fair. The finger, wrist, knee and ankle joints were enlarged and swollen, showing evidences of increased synovial fluid and giving the appearance of involvement of the osseous and cartilaginous structures about the joints. The joints and muscles were painful on pressure and there was some evidence of atrophy of the muscular tissue. The skin was harsh, warm and moist. The submaxillary and epitrochlear lymphatic glands were palpable; the seminal vesicles were sclerotic. The lips were dry, teeth absent, gums hard, tongue coated and the pharynx congested. The reflexes were normal. The heart and lungs were normal. The liver was slightly enlarged, the spleen and kidneys were not palpable. The abdomen was rigid, but disclosed nothing unusual.

The close resemblance of this case to the acute variety of the general progressive form of arthritis deformans must be recognized, but the absence of involvement of the osseous and cartilaginous structures of the joint as shown by the x-ray picture, the positive Wassermann reaction, and response to luetic treatment eliminates this disease from our consideration.

The sudden onset of various symptoms brings up the question of an acute infectious arthritis, but the absence of constitutional disturbances, other than the chill, together with the positive Wassermann and ready response to treatment eliminate this.

The trophic changes of tabes dorsalis are thought of as a possibility, but the normal reflexes and absence of other symptoms, other than a digestive disturbance that somewhat simulated the gastric crisis, bring us to what I consider the only other possibility, syphilitic myosynovitis.

The increase in synovial fluid, the pain in and about the joints and muscles, the wasting of the latter, the response to luetic treatment, I believe, justify this diagnosis. The flexion of the various joints was doubtless due to the increased fluid and the inflammation of the muscles. As regards the sudden onset, it can be conceived that exposure to cold and wet can light up an old syphilitic infection, as well as any infective agent.

The pathological condition appears to be an inflammation of the synovial membrane and probably a primary inflammation of the connective tissue of the muscles, secondarily an inflammation of the muscular tissue with resultant atrophy.

This condition has received very little notice from medical writers, although it is quite common, as evidenced by the fact that at the Garfield Hospital, in about 150 cases, we have seen two cases of luetic myosynovitis, including the case reported. In this case the symptoms manifested themselves during the ter-

tiary stage and in the other, the joint and muscle involvement occurred during the secondary stage, six months after infection. In the latter case, there was a more gradual onset and the patient responded more readily to treatment.

Dr. C. R. Dollman said that he had had the opportunity to study this case in the ward at Garfield Hospital. The case brought to mind a similar one that he had shown before this Society a year ago. His patient had been diagnosed and treated as a case of arthritis deformans; but he had a triple plus Wassermann and after six doses of salvarsan was cured. A most important point in the differentiation between arthritis deformans and syphilitic myositis is that in the former the pain is strictly limited to the joints, while in the latter, both joints and muscles are painful and tender. A touch upon the muscles in syphilitic myositis will set up spasm.

Dr. T. M. Foley said that the flexibility of the joints in this case is an important point of difference from arthritis deformans; they are very movable, whereas they would not be flexible in atrophic arthritis. Great flexibility of the spine is indicative of lues; if a man over twenty years of age is able to bend over and touch his toes without bending his knees, unless he is athletic and trained to do it, one may suspect him of lues. This is accounted for by certain changes in the vertebral joints which should be confirmative to justify the suspicion.

Dr. Rice said that the patient was greatly improved and very grateful for his present condition. He probably will never be very well, but life is much more tolerable for him than it promised at one time to be.

SOME CONDITIONS LEADING TO INCORRECT DIAGNOSIS OF ADENOIDS IN CHILDREN.*

By VIRGINIUS DABNEY, M. D., F. A. C. S.,

Washington, D. C.

The term adenoid, or adenoids, is used generally as descriptive of a mass of lymphoid tissue in the rhinopharynx, producing abnormal symptoms. We say a child has or has not adenoids, though manifestly he must have some lymphoid tissue in the epipharynx; so the term is one of disease. Luschka and Waldeyer pointed out that this mass of tissue should be regarded as a tonsil ("Luschka's tonsil"), and the latter showed that there is normally a ring (really diamond-shaped) of lymphoid or tonsillar tissue, protecting the upper respiratory tract from infec-

* Read before the Medical Society, March 21, 1917.

tion. This "Waldeyer's ring" is made up of the pharyngeal tonsil above, in the rhinopharynx, the lingual tonsil below, between the base of the tongue and the lingual surface of the epiglottis, and the faucial tonsils, one at either side of the pharynx, between the pillars of the fauces. It may be well to emphasize, in passing, that they regarded these structures as protective, though they are seldom so treated in these days. In common with other glandular structures elsewhere in the body, these groups of lymphoid tissue are peculiarly active physiologically in the years from birth to the fifteenth or sixteenth year. During this period, in response to physiologic calls, they are frequently congested and engorged, but generally return to normal soon after, and ultimately, by the time puberty is attained, they have atrophied to negligible masses. Such is the life cycle of these structures in health, and I go into it at this length as I wish to establish the reasonable belief that the presence of lymphoid tissue in the epipharynx, even congested, may be perfectly normal, and when so found by the exploring finger, or seen by the mirror, is not necessarily to be removed as causative of an abnormal condition, the origin of which the attendant cannot otherwise account for.

The widely prevalent belief among some of the profession and many of the laity that difficulty in nasal respiration in children is pathognomonic of adenoids has led to many unnecessary operations and unsatisfactory functional results. My opinion is the gradual growth of an experience covering observation of hundreds of cases in the hospitals and my own office, where I have seen children arrive with the diagnosis already made, either by the parent or by the doctor referring the case. Thus I have come to adopt the routine of asking: "What makes you think an adenoid causes this difficulty?" And the reply is almost as routine as the question, "because he sleeps with his mouth open, breathes through his mouth often, takes cold easily, sneezes so often, is restless at night, &c.;" or, "the doctor says he has an adenoid."

The presence of an adenoid can be more reliably determined by an examination, not of the nose or throat, but of the ear drum, though inspection of the former regions will, of course, frequently reveal its presence. This is my own belief, an opinion I have not seen stated by anyone else, and is based on my firm feeling that no mass of lymphoid tissue in the epipharynx of a child can be so large, or so placed when small, as to require removal and not cause in the light reflex and position or color of the drum head an easily recognizable change when under inspection at the hands of a skilled aurist. On the other hand, frequent colds, mouth breathing, restless sleep, free nasal mucous discharge, though classical symptoms, are not sufficient grounds

for a diagnosis of adenoids. It is true they are highly suggestive and frequently the result of adenoids, yet I have seen one child, with only the normal amount of lymphoid tissue in the rhinopharynx, show all these signs in the most distressing degree, and recover completely when he was denied soda crackers to which he had had access for several weeks. As often as he surreptitiously partook of this usually simple diet all the symptoms would return. This is an example of perhaps the most frequent cause of false adenoid symptoms, and is due to a nasal reflex from gastro-intestinal irritation, of which I have seen a fairly large number in consultation, though in few was the cause so simple and the relief so prompt.

It may be contended that all this uncertainty could be readily removed by a digital examination, and I admit that this impression is as general as it is misleading, for many reasons. Bearing always in mind that the mouth and rhinopharynx of children are very constricted, that the examination is painful if not actually brutal, even where the child is submissive, and that the fingers of many are too short to reach easily the part to be palpated, it is not hard to believe that such an examination might be inconclusive. Add to these natural difficulties the further complication of struggling, and most do struggle valiantly, this method of examination is no longer the simple, efficient diagnostic measure commonly recommended. Thus, I believe that under the peculiar difficulties surrounding such an examination, which must be brief and even fleeting, the finger cannot give definite information as to the location or size of the mass, and these two points are the prerequisites for a proper diagnosis. It is not sufficient to say that the examining finger detects a lymphoid mass, as that fact was known before examination, which determined the location of the mass and its size, as these two details constitute all the difference between necessity for operation, and necessity for non-operative treatment for the symptoms. Moreover, I have seen at least one case infected by the nail of the examining finger, and this one illustrates both of the points I have tried to make clear: its fallibility, on the one hand, and the reliability, on the other, of the ear examination. Basing his conclusions on the digital examination, a laryngologist of great experience and very deft fingers made the definite report of no adenoids, and, as he infected the patient in the process, it is to be assumed that he was thorough in his manipulation. I reported that an obstructive adenoid existed, basing my belief on a retracted drum on each side. One month later a large adenoid was removed. I have abandoned the digital method since the first two years of special practice, and have not made such an examination for ten years at least. However, under an anaesthetic this method is of great value, and is the only way we have of determining the extent of

the mass to be removed. When the palate is retracted we can make a leisurely inspection with the finger which will reveal everything that we need to know, size, location and structure.

An unusual condition that led me twice to a faulty diagnosis was an extension of the vomer back to the pharyngeal wall to which it was firmly adherent. It was covered with a degenerated, polypoid membrane that gave a perfect picture of an adenoid in the mirror, but the instant I examined it with my finger under an anaesthetic, preliminary to removal, its nature became apparent. A diagnosis by inference is perfectly reliable, as any process that will cause enlarged and diseased faucial tonsils will similarly and simultaneously cause disease in the pharyngeal member of this lymphoid family; and no examination is necessary.

While such an error seems elemental, yet often a child is said to be in need of an adenoidectomy, whereas the adenoid is merely temporarily engorged from a recent cold, and subsides soon after. The effects of a coryza in causing a hypertrophy of the pharyngeal tonsil persist much longer than the nasal condition, easily two weeks, and at times in the poorly nourished, a month after cessation of the nasal engorgement and inflammation. This is the reason that repeated attacks of adenoid inflammation lead to permanent hypertrophy, as there is little time between the actual engorgement of the adenoid before another acute attack follows. Thus the practically chronic inflammation of the tissue leads, as it does elsewhere, to a fibrous condition, and the necessity for operation. Failure to take into account this temporary enlargement is a very frequent cause of faulty diagnosis, and was the immediate cause of error in a case recently seen by me. Not only did the adenoid hypertrophy disappear, but even the faucial tonsils resumed the normal; nevertheless the boy continued to breathe with difficulty during the day through his nose, and at night not at all through it. This led the original examiner to insist all the more on his previous diagnosis, but later, when asked to examine the child, I found that the nares were completely blocked with the characteristic crusts and thick, tenacious mucus of atrophic rhinitis. Systematic removal of these masses and appropriate treatment have cleared up all his respiratory condition.

The blocking of the nares by growths such as polypi and fibromata, especially when they present in the rhinopharynx, is one of the less frequent causes of mistaken diagnosis, though I have seen three such cases where the latter were at the bottom of the trouble. One of these cases had already been operated upon, naturally without relief, and another I saw for the first time on the operating table, where I was asked to operate at the conclusion of another operation on this patient. On lifting the

soft palate a hard, glistening, elongated tumor was seen, a fibrosarcoma in all likelihood. This was the mass that had been diagnosed as an adenoid, especially as there was also difficulty in nasal respiration!

Failure to force children to evacuate their bladders at bedtime, or allowing them to drink much fluid at the evening meal, resulting in similar distention of the bladder, occasionally leads to intumescence of the turbinates, paroxysmal sneezing, mouth breathing and restless sleep. A reflex in the nose similar to that seen in those cases exhibiting the connection of the sexual apparatus with the nose is the cause here. Chronic constipation acts in the same way, but also creates its effects through the channel of disturbed metabolism dependent on the autointoxication.

Perhaps the most interesting cases where we think erroneously that an adenoid is causative of the respiratory distress are those with an anaphylactic affection, chiefly for eggs and milk, resembling the class I have referred to as due to gastrointestinal irritation, though etiologically quite different. I have many times seen children exhibit all the symptoms we regard as classical of adenoid obstruction except the adenoid itself after eating eggs in some form and, to a less degree, milk also.

In all these cases, whatever the cause, the nasal obstruction and the paroxysmal sneezing are due to the intumescence of the turbinates, which may reach an enormous distention in a few moments, only to subside in fifteen or twenty minutes, to recur about two or three hours later. There is so much less discharge of mucus than in coryza and the struggle for nasal breathing is so fierce that it is striking how soon the child returns to quiet, peaceful sleep, pending the next exacerbation. This picture is typical, and almost constitutes in the points enumerated a means of differential diagnosis; nor is this characterization fanciful. I have studied one case for two years, during which time he has had many colds, and I have had ample opportunity to compare the two types of respiratory distress in his case, as well as in numerous others. Children who have had acidosis seem peculiarly liable to this trouble, and the diagnosis is here especially important for obvious reasons.

I have come to the conclusion that an experienced pediatrician should be fully as capable of making a diagnosis of adenoids as any laryngologist, and certainly each can be of great service to the other in determining the cause of the respiratory disturbances to which children seem especially liable in the temperate zone. Moreover, in view of the prominent part played by metabolism in the causation of false adenoid symptoms, and the importance of proper diet in childhood, coöperation is again most desirable.

In conclusion, I would like to summarize the important points in connection with the foregoing remarks: Full bladder at night,

chronic constipation, anaphylaxis, gastrointestinal irritation, nasal growths, blind reliance on digital examination, and posterior rhinoscopy (whether with mirror or pharyngoscope), reliability and delicacy of the test of drum inspection and the wisdom of examining when all inflammatory conditions have definitely disappeared.

Dr. H. H. Donnally said that the subject of colds is of perennial interest; Dr. Dabney had touched on many of the causes of colds as well as the main theme. The paper was interesting and instructive. Dr. Donnally had not been aware of the *constant* changes in the ear drum in cases of adenoids; if this is a dependable sign, it is much preferable to digital examinations. Dr. Dabney's paper had not included the rôle of infection in the production of colds. As to foods causing nasal obstruction, they may act in two very different ways: there may be turgid nasal mucous membrane as a result of excessive intake of food and fermentative changes; or there may be a food allergy. The latter is responsible for some cases of urticaria, angioneurotic edema, eczema, fever, asthma, eosinophilia, and also occasionally vomiting, intestinal pain and diarrhea. It is possible that colds in the head are also examples of food allergy. The portion of food responsible for these changes is the proteid molecule, whether of egg or milk or cereal. The condition must be treated by withholding the offending food or by desensitization of the individual for that food.

Dr. O. Wilkinson said the two chief symptoms of adenoids are obstructed nasal breathing and chronic nasal discharge. Among other causes of the same symptoms, not mentioned by Dr. Dabney, are retracted hard palate and congenitally narrow nostrils; these conditions bring about symptoms often attributed mistakenly to adenoids. Persons suffering from these conditions should be referred to the orthodontist. The nasal obstruction accompanying nasal discharge is often due to the failure to teach children to take care of the toilet of the nostrils. He inquired how Dr. Dabney distinguishes between the retraction of the drum due to catarrh of the eustachian tube and that due to adenoids? Dr. Wilkinson himself felt that he was not ready to abandon the use of the laryngeal mirror and the nasopharyngoscope.

Dr. J. H. Moser said the paper was timely and of great interest. Adenoids are more often mistakenly diagnosed than any other condition. He sees many such instances of mistaken diagnosis at the Children's Hospital; the correct diagnosis often turns out to be congenital nasal stenosis, syphilitic rhinitis, changes from rickets, etc.

Dr. M. H. Darnall said that it is not always the general prac-

itioner who makes the mistake in diagnosis. He had recently seen a child who was about to be operated on for adenoids; he found, however, that the nasal obstruction was due to a button the child had put up its nose.

Dr. Dabney did not advocate the abandonment of ordinary methods, the post-nasal mirror or the nasopharyngoscope; they are very useful instruments, but can seldom be used in the examination of children. His own experience had been confirmed by the statements of excellent authorities that retracted eardrums in children up to twelve years of age are always a sign of adenoids. He had never seen a case of true pathological adenoids without changes in the eardrums.

CASE OF SECONDARY HEMORRHAGE FOLLOWING APPENDECTOMY.*

By S. R. KARPELES, M. D.,

Washington, D. C.

W. P., white, male, married, 21 years of age; family and past history unimportant. On February 5, 1917, after a late supper of roast pork, fried potatoes, peas, cocoanut cake and ice cream, at 3 A. M. developed diffuse abdominal pain. He took a dose of salts and had a movement of the bowels. Though some slight pain persisted, he got up and, at about 8 A. M., indulged in soft food. About 7 P. M. general abdominal pain increased. On February 7, took a dose of castor oil at 9 A. M. Bowels moved, but pain persisted.

We were first consulted by the patient at 7 P. M., February 7. He complained of headache, pain in shoulders and back and slight diffuse abdominal pain. A possible appendicitis was considered, but careful examination failed to reveal any definite signs to justify an operation. On the evening of February 8, vomiting began and diffuse abdominal pain increased. Early in the morning of February 9 pain became localized in the lower abdominal region, mostly on the left side. Temperature, 102.4; pulse, 120. Leucocyte count, 25,000. A tentative diagnosis of appendicitis was made. The patient was removed to Garfield Hospital for operation.

After iodine skin preparation and ether anaesthesia, an incision was made in the right rectus muscle three inches in length. The small vessels were ligated off with catgut. No large vessels were encountered and no bleeding took place. A gangrenous appendix

* Reported to the Medical Society March 21, 1917.

about four inches in length, attached downward and to the left in the pelvis was delivered and a large cavity in the same region filled with foul-smelling pus was evacuated. Catgut was used to ligate off the mesoappendix and the appendix and to bury the stump. Hemostasis was perfect. A cigarette drain and a small rubber drain were inserted into the abscess cavity. The wound was closed with through-and-through sutures of silkworm gut; catgut in the peritoneum and chromic catgut in the fascia. The patient was returned to the ward in good condition, placed in the Fowler position and the Murphy drip started.

On the third day the patient's temperature and pulse became normal, and his general condition was satisfactory. The drainage media were gradually removed, the wound was draining freely. On February 16 the lowest silkworm gut suture having worked loose was removed. A few drops of blood came from the suture holes. February 17 at 4:30 A. M. the night nurse reported to us that the patient was having a hemorrhage from the wound and she was unable to count his pulse. About twenty minutes later it was found that the hemorrhage had saturated three large abdominal dressings, and that the patient was lying in a pool of blood. Upon removing the dressing, the wound was found filled with clotted blood and the hemorrhage had ceased. The pallor, the rapid feeble pulse, and general condition presented a characteristic picture. Although the recovery of the patient was retarded, the convalescence progressed without any further incident of note.

Hemorrhage after appendectomy has been noted from the superficial abdominal vessels, the mesoappendix, the bowel, the abscess cavity, from the deep epigastric and external iliac arteries. The hemorrhage in the case reported was apparently due to a necrosis of the deep epigastric artery. Gray states, "The deep epigastric artery arises from the external iliac a few lines above Poupart's ligament. It at first descends to reach this ligament, and then ascends obliquely along the inner margin of the internal abdominal ring, lying between the transversalis fascia and the peritoneum, and, continuing its course upward, it pierces the transversalis fascia, and, passing over the semilunar fold of Douglas, enters the sheath of the rectus muscle. It then ascends on the posterior surface of the muscle and finally divides into numerous branches, which anastomose, above the umbilicus, with the terminal branches of the internal mammary and inferior intercostal arteries."

Secondary hemorrhage is caused by a purulent periarteritis; arterionecrosis taking place. The drainage media, the pus and sutures are the important factors.

Although hemorrhage from the external iliac artery and its branches, with its attending dangerous results, must occur in a

certain percentage of appendicitis operations, we have found very little reported on the subject. In such books as Keen's System, Kelly and Noble, Warren, Stewart, Ochsner and Perry, Thomas and Miles, Mumford, Ashurst and Bryant we were unable to find any mention of the condition. Dr. R. L. Payne, of Norfolk, Va., is quoted in Dr. Howard Kelly's work on Appendicitis, as having a death from hemorrhage due to the failure to ligate off the deep epigastric artery, which was divided and clamped, in the anxiety and hurry attendant upon a difficult operation.

Dr. Charles S. White reported in the *Journal of Surgery, Gynaecology and Obstetrics*, November, 1914, a case of post-operative hemorrhage, evidently due to erosion by the drainage tube or advancing infection in the deep epigastric artery, occurring on the fourth and fifth day. He suggested the routine ligation of the artery in two places, one inch apart in drainage cases, when the incision approaches the vessels, as a means to reduce the morbidity and mortality of appendectomies. A case reported by Dr. Corner in the *Medical Press and Circular*, London, 1914, N. S. XCVIII, p. 519, is such a good picture of secondary hemorrhage that we will quote it fully. A boy 10 years of age was operated upon for acute appendicitis, with unlocalized pus in the right iliac fossa. The sloughing appendix lay internal to the caecum. The appendix was removed through an incision splitting the lower part of the right rectus muscle; gauze and rubber drains were used. The discharge of pus was copious, the boy was getting along nicely. About the seventh day the night nurse found the boy unconscious, with bed and bandage soaked with blood. The house surgeon was called; found the hemorrhage had ceased and plugged the wound with gauze. The boy died shortly after. The postmortem showed ulceration of the external iliac artery; its wall had suddenly given way. Considering the anatomical and pathological relations of the external iliac artery and its branches, especially the deep epigastric, in cases of appendicitis which require drainage, the possibility of secondary hemorrhage must not be forgotten. The prophylactic measure suggested by Dr. White has its place. In active hemorrhage from these sources, packing the wound is irrational—immediate ligation of the external iliac or deep epigastric artery is the logical surgical procedure.

Dr. I. S. Stone said: The paper by Dr. Karpeles had reference to hemorrhage from the abdominal wall following operations for appendicitis, while the title as announced on the card referred to the broad subject of hemorrhage after appendectomy, which was an accident which had occurred many times in the experience of many, including the most competent surgeons.

Limiting his remarks to such accidents as might occur from division of vessels in the abdominal wall, Dr. Stone wished to utter a word of caution about the treatment of these vessels when divided, in order to prevent hemorrhage, namely, to tie both the proximal and distal ends. In the Pfannensteil incision both the deep and superficial epigastric arteries have been cut and he had seen one in which a severe hemorrhage occurred, several hours after operation, from the distal end of the latter vessel.

Referring to the use of gauze as mentioned by Dr. Carr, he thought the tendency now was to avoid its use, and as for himself, he no longer used iodoform gauze for any purpose. Compression of vessels by clamps during the time of operation necessarily caused a necrosis of them, as indicated by Dr. Carr, and had the same effect as a ligature in so far as causing a blood clot to form within the lumen of the vessel and necrosis of its walls as a step in the process of repair. The elevation of blood pressure following operation may help to displace the clot and separate the compressed vessel walls and thus cause hemorrhage. There is no other method of repair of crushed tissue of any kind but by a form of necrosis which in turn is followed by reconstruction of tissue.

Dr. W. P. Carr said that in opening the abdominal cavity, if instead of separating the fibres of the rectus muscle and thus going through, one simply splits the sheath of the muscle and lifts the muscle out of its bed, a clear view of the deep epigastric artery and its branches may be had. If any such branches are pinched or bruised they should be ligated. There is not much chance of the erosion of a vessel unless its wall has been pinched or bruised. The mere presence of pus about a vessel does not seem to injure it. In suppurative appendix operations, drainage through the flank is better than drainage through the wound; and this mode of drainage is the uniform practice at Emergency Hospital, using as medium a rubber tube in a bed of gauze packing.

Dr. I. S. Stone said that the importance of tying both ends of any divided vessel in the neighborhood of the epigastric artery could not be overemphasized. As to clamping vessels without ligature, this invites necrosis, and necrosis invites hemorrhage.

Dr. C. N. Chipman said that he had often seen surgeons tying off vessels as if they were trying to see how gently they could tie the knot, and having tied in this fashion, cut the ligature off short. Ligatures tied in this way soon untie themselves. He had seen more than one postoperative hemorrhage from this practice.

CASE OF RICKETS IN ONE OF BREAST-FED TWINS.*

By JAMES M. MOSER, M. D.,

Washington, D. C.

A search through the literature reveals no similar case to the one which I present tonight, although it would seem from the great frequency of rickets that there should have been others.

I have attended these twins in my service at the Infant Welfare Station since they were six weeks old: they are now eighteen months old. The mother is an unusually intelligent colored woman and has coöperated faithfully in following the instructions given her by the diet kitchen nurse and myself. The home conditions are above the average.

The family history is negative. There are two other children, age six and eight years, of normal development, both raised on the breast and neither had rickets in infancy. As far as I can ascertain there is no hereditary history of the disease.

The twins were born at full term, normal delivery; breast-fed for twelve months. Both are girls. The non-rachitic infant was born first and weighed seven pounds; the rachitic infant seven and one-half pounds. No sickness to date beyond slight attacks of rhino-bronchitis except in the rachitic twin, which at the sixth month had an attack of bronchitis with moderate fever and constipation lasting about one week. It was after this that the first symptoms of rickets became noticeable.

As shown by the chart, until the seventh month the rachitic twin kept ahead in weight and was the more active of the two; after that age it began to gradually lose ground until at present its weight is only twenty pounds as compared with twenty-four in the other. The normal twin erupted its first tooth during the sixth month, has sixteen at present and is perfectly developed for an infant of its age, while the rachitic baby erupted its first tooth at the eleventh month, has nine at present, and presents all the typical signs of a well-marked case of the disease.

I wish to emphasize the fact that the mother has shown no partiality to either twin, nursing them both the same length of time, etc. For the first six months they were fed every three hours, then every four hours until they were weaned at twelve months. Both were given orange juice early; the rachitic started on cod liver oil and phosphorus during the seventh month. A photograph was snapped at the tenth month and, though not very distinct, it shows the difference between the two babies at that time.

* Reported, with patients, to the Medical Society, February 7, 1917.

This case is of particular interest to me because it helps to confirm the opinion which I have been working upon for some time, that rickets is not a disease of metabolism *per se* but a chronic infection, probably of a low grade bacterial or protozoal type, and that the disorders of metabolism present are secondary to the infection. Just what type of organism and its method of entrance, whether through the digestive or respiratory systems. I am not prepared to say, but confidently believe that research along this line only can discover the true nature of the disease.

The facts which support the infection theory are too numerous to dwell upon in detail at the present time, but I should like to mention briefly the following points:

First. The disease is practically self-limited. Treatment may modify its severity but cannot abort it. A true rickets cannot be produced by diet; neither can it be cured by adding to the diet those articles of food, the deprivation of which is commonly regarded as the cause.

Second. The lack of calcium absorption by the bones does not explain the enlargement of the spleen, changes in the digestive and respiratory systems, muscular weakness, anemia and general enlargement of the lymph nodes, all of which are characteristic of a general infection.

Third. The active symptoms of rickets are more frequently seen and more severe in the winter and spring than in summer and early fall. This seasonal occurrence is characteristic of infectious diseases.

Fourth. Just as in other infections, its distribution is more common in crowded districts in cities under poor hygienic conditions. I have yet to see a case from which cannot be obtained a history of close association with another afflicted child. In the country it is rare except in isolated cases. In the mountains of Switzerland it is never seen, even in infants fed artificially on an exclusive carbohydrate diet.

Fifth. The cases of so-called "Congenital Rickets," showing the possibility of hereditary transmission, as in syphilis: the cases of "Acute Rickets," showing a more virulent form of the disease; the cases of "Late Rickets," developing between the ages of six and thirteen years; these and many other puzzling phenomena of the disease can be explained by no other but the infection theory.

Dr. S. S. Adams said that there was no question about the baby's having rickets, but to his mind there was reason to suspect the other twin of having it also; both babies have equal beads on the ribs; both have epiphyseal swellings on the radii. The larger child's anterior fontanelle is closed, while that of the

smaller is not; but this difference may be noted in many perfectly healthy twins.

As to the infectious theory of the etiology of rickets, it is, after all, only a theory. Dr. Moser said the disease is never cured by giving a proper diet; the reason is that these patients are not seen and the proper diet given until certain damage has been done; the diet assuredly cannot undo damage already done, but it will arrest the process and bring about a symptomatic cure. Dr. Adams had seen many cases of this disease in both black and white children; they grow slowly and are backward physically, but mentally they are often precocious.

Dr. Moser disagreed with Dr. Adams as to the presence of rickets in the larger child. This child exhibited none of the typical signs of rickets; it had the normal number of teeth, normally erupted; the fontanel was closed at the normal time; the child walked as soon as it should; it had no cranio-tabes; no head sweating. The idea that it has rickets could not be sustained on the basis of slight epiphyseal swelling, and prominent abdomen, both of which are normal in infants of this age.

CASE OF RUPTURE OF UTERUS DURING LABOR.*

By W. SINCLAIR BOWEN, M. D.,

Washington, D. C.

Patient, A., age 22 years, came under my care November 16, 1915. She was in labor at full term. External pelvic measurements as follows: Interspinous, 22 c.m.; intercrestal, 25 c.m.; external conjugate, 17 c.m.; vertex presentation, left position, posterior variety.

Head movable above the brim. After a trial labor of twelve hours, no engagement having taken place, abdominal Cesarean section was performed. A large baby, weighing eight pounds and three ounces, was delivered. The patient made a good recovery, after an uneventful convalescence, temperature not above one hundred. Mother and baby left hospital, after three weeks, in good condition.

This patient again came under my care February 15, 1917. Labor began at 1 A. M.; vertex presentation, left position, posterior variety; with no engagement of the head in the superior strait; all conditions similar to those found in the first instance. Pelvic measurements were the same as stated above.

* Reported to the Medical Society March 7, 1917.

She was allowed to go on in her labor and at 6 A. M. a hypodermic of morphia sulphate $1/6$ gr. was administered. At this time the foetal heart was distinctly audible. After the administration of the morphia, she became more comfortable. I saw her first at 11 A. M.; at that time her general condition seemed to be good; pulse 100; there was no evidence of shock, but there was an exquisite tenderness over the abdomen. She objected to an abdominal palpation, but by vaginal examination I could feel the head through a partially dilated cervix and there was no engagement in the superior strait.

I again decided upon abdominal Caesarean section, and when the incision was made, thirty minutes later, the peritoneal cavity was filled with blood, amniotic fluid, placenta and baby, its head still remaining in the uterus, which was tightly contracted around the neck. A rupture of the uterus had occurred at the fundus in the middle line, where the incision in the uterus was made at the first delivery two years ago.

The tear in the uterus was enlarged so as to deliver the head and the peritoneal cavity was cleared of all blood clots, placenta and foetus. The uterine wound was closed and then the abdominal wall. Patient made a splendid convalescence. It is now three weeks since operation and she seems perfectly well. The baby was, of course, stillborn, as the placenta had been entirely separated from the uterus some time, possibly hours, before the operation.

The night before labor began this patient had been given by the attending physician ten grains of quinine, followed in four hours by one ounce of castor oil.

I report this case as I feel that there are several points presented worthy of some consideration: 1. The consideration of the opinion held by some obstetricians: "Once Caesarean section, always Caesarean section." 2. Did quinine and castor oil bear any causal relation to the rupture of the uterus? 3. In the case of contracted pelvis requiring Caesarean section, with the first labor, how long a trial labor should we allow her to have at a subsequent time? 4. Since the uterine incision was very carefully closed at the first operation and as the patient had a very smooth and easy recovery without fever, it was fair to presume a good union took place. Then why the rupture? 5. How long before the abdomen was opened did the rupture take place? 6. Does not rupture of the uterus sometimes take place without much evidence of shock or other symptoms to indicate it?

A recent paper by Dr. Robert Y. Sullivan on Rupture of the Uterus gives a most thorough description of this condition and he emphasizes the importance of diagnosis.

Dr. Duff Lewis was much interested in the case report. As to the inability to measure the relation between the child and the pelvic outlet, this may as well be admitted; and when after a trial labor, it becomes evident that the mother cannot bear the child, do Caesarean section; this is the logical procedure.

Dr. P. S. Roy asked Dr. Bowen if there is any fairly definite relation between the weight of the child and the size of its head. If so, would it be feasible to keep careful note of the weight of the mother and thus estimate the weight of the child?

Dr. Prentiss Willson said that the Society was indebted to Dr. Bowen for reporting this case. Dr. Willson thought a symposium on the proper indications for Caesarean section would be profitable. The operation has a place outside the manifest indication: disproportion between fetus and birth canal; but there is a tendency to doubt the dictum: "Once section, always section." However, here was a case of rupture of the uterus following a previous section; this will get into the literature. Dr. Bowen had himself said that he had had a number of cases of successful labor following previous section; these cases will not get into the literature. Dr. Willson's own experience had been that entirely safe deliveries may follow section [he cited cases]. We need to have pretty definite standards to guide us in this matter; if the dictum "once section, always section" is true, we may have to limit the use of section and consider it ineligible for the treatment of placenta praevia, antepartum eclampsia at term, prolapse of the cord, and other complications for which it has been advocated. Some obstetricians take the position that there should never be such a thing as a trial labor; the obstetrician should be so familiar with the circumstances of the case, that the course to be pursued should be deliberately forecast.

Dr. R. Y. Sullivan said that Dr. Bowen's case illustrates a condition that we will be more frequently confronted with. Before section became so common, rupture of the uterus occurred once in 2,000 labors; since the popularization of section, rupture takes place about once in 250 labors. The best statistics he had been able to find on the subject indicate that 50 per cent. of the mothers with rupture of the uterus die, and that 80 per cent. of the babies die. Rupture of the previously sectioned uterus may occur either in the course of the pregnancy or at labor; there are a number of reasons for the occurrence of rupture, one of which is the penetration of the scar of the old section by chorionic villi. If we are going to have three per cent. of sectioned uteri rupture in subsequent pregnancies, and if fifty per cent. of these mothers die, we should certainly limit the operation to narrow limits. He was inclined to favor the dictum "once section, always section." Two things, however, will favor

the more frequent occurrence of rupture of the uterus: the frequent performance of Caesarean section and the use of pituitrin.

Dr. Lewis said that the obstetrician must always remember that he is guardian of two lives, the mother's and the child's. If the statistics given by Dr. Sullivan represent the true state of the case, then we should always unsex the patient at the first Caesarean section.

Dr. L. Glushak said that he had witnessed operations for Caesarean section in the Glasgow Hospitals, and there the women were always sterilized. The practice was explained by the exhibition of specimens showing both complete and incomplete ruptures of uteri which had previously been sectioned. The practice in Glasgow is to limit the operation to cases of contracted pelvis.

Dr. Bowen, replying to Dr. Roy's question, said that the relation between the fetal body-weight and the size of the head is fairly constant, but he was not prepared to say that the weight of the fetus could be ascertained by weighing the mother. In his opinion, Newell's plan, as given by Dr. Willson, is quite impracticable, unless one is prepared to do section in every doubtful case. His own idea is that doubtful cases should be sent to hospital and given a fair trial, with the possibility of the necessity of section always in mind. Dr. Sullivan's warning against the use of pituitrin is timely. The effect of this drug is marvelous and invaluable in post partum hemorrhage; but it is not to be used before delivery except when one is sure that the pelvis is ample for the passage of the head and the head is well down.

MASTOIDITIS.*

By WM. H. HUNTINGTON, M. D.,

Washington, D. C.

Historical.—¹As early as 1656 we find Johann Riolan and Rolfinck advocating Mastoidectomy for the relief of deafness and tinnitus. Their ideas were logical, in a degree, as they hoped to equalize the atmospheric pressure on both sides of the tympanic membrane.

Petit (1674-1760), the French surgeon, was probably the first to open the mastoid for a suppurative condition, but it was a Prussian (Jasser, 1776) who was credited with the first operation, although his work was done subsequent to Petit's.

The operation came into disrepute largely through the death of Baron Berger, who was physician to the King of Denmark.

* Read before the Medical Society, February 21, 1917.

He submitted to the operation for the relief of tinnitus and deafness. His death was no doubt due to meningitis as a result of poor technique.

Schwartz, in 1873, finally succeeded in establishing the Mastoid operation upon a firm otological basis by applying anatomical knowledge to the procedure. His success was attained after such men as Pagenstecher, Follin, and others, had attempted to revive the operation without success. The operation remains today, even with its many modifications, practically as Schwartz introduced it.

The operation again fell into disfavor, probably owing to poor results and deaths which were in turn the results of bad technique, not to be resurrected again until the latter half of the nineteenth century.

Anatomical.—The mastoid process varies in shape and form in different persons, being larger in the muscular than in the non-muscular.

It is in this process that the mastoid cells are found lying between the cortex and the inner table. The cortex varies in thickness from .5 mm. to 10.00 mm.

The mastoid process is occupied by pneumatic cells which vary in number and size and which communicate with the mastoid antrum; this in turn communicates with the tympanum (Cunningham²) through the *aditus ad antrum*. (Ballenger³) Embryologically the mastoid antrum is part of the middle ear, while the cells are not.

The antrum and cells are lined with ciliated epithelium.

We occasionally find very large cells behind the sigmoid sinus and sometimes extending into the pyramid of the temporal bone, encroaching on the semicircular canals.

The antrum is found at birth practically fully developed in size and placed rather superficially.

The inner table forms part of the wall of the middle fossa and presents at operation the convexity of the sigmoid fossa. Körner⁴ finds that the fossa on the right side is usually further forward than the left. There are many variations in the position and size of the sinus wall varying from the superficial anterior position, often found in children, to the deeply placed posterior sinus occasionally found in adults.

According to Schultze⁵, the cranial fossa lies higher on the right than on the left side.

Etiology.—The common and usual causes of bacterial invasion of the mastoid with the accompanying subjective and clinical symptoms, which may or may not be pronounced in their severity, are some of the exanthemata of childhood and the various types of "head colds."

Adenoid hypertrophy is a large factor in the etiology, particularly if the mass is situated in and around the lateral folds and the eustachian orifice.

There are several facts that make me think that adenoid hypertrophy is one of the greatest etiological factors in middle ear trouble and subsequent mastoid invasion.

We rarely see middle ear infections in children who are not subject to repeated "head colds," unless the infection is a sequel to one of the acute infectious diseases, and in these same children an examination of the epipharynx will usually reveal a mass of adenoid tissue.

Mastoiditis as a primary condition, or idiopathic, as called by some writers, is indeed a rare condition, yet it undoubtedly does occur at times, and the hypothesis offered is quite as logical as that offered to explain primary infection in other remote organs, as for instance the lodgement of the tubercle bacillus in the epiphysis of the femur in hip disease, and in the vertebrae in Pott's. Many cases of this condition are to be found in the literature, but the diagnosis in many instances has been questioned by competent otologists.

Dabney¹⁴ of this city recently reported two undoubtedly authentic cases of primary mastoiditis, as has also Broder¹⁵ of New York, one of the latter's cases was traumatic.

Compound fractures of the skull are rarely a factor in this disease, yet there are cases reported.

A chronic suppurative otitis naturally is always a menace and liable at any time to cause an acute mastoiditis or some of its more grave complications, such as sinus thrombosis, brain abscess, or meningitis.

Symptomatology.—As a rule there is a sequence of events something like the following: an acute coryza, sudden pain in the ear, which becomes intense, spontaneous rupture of the membrane, followed by relief from the pain. Subsequently the discharge may become less and post-auricular pain manifests itself, sometimes with oedema.

The subjective symptoms may be very vague indeed and will vary in intensity according to the temperament of the individual and certain bacteriological and pathological factors.

The objective symptoms together with laboratory findings may be classical, but they are more apt not to be. I do not know of any other one surgical condition that can be so perverse and unreasonable.

One naturally expects to have a leucocytosis, but there may not be any. One naturally expects a pyrexia at some time during the preoperative period, yet one often sees cases with normal temperature and pulse.

It is futile to attempt to formulate any classical picture or

group of symptoms, either objective or subjective, for our guidance as to operation in these cases, for many times we will find our gravest cases without the textbook signs and if we await their appearance we very likely will have the opportunity of watching the advent of a meningitis or sinus thrombosis.

Gorham Bacon ⁶ in his book, reports the laboratory findings of Dixon on 5,496 cases in which smears had been made from the discharging ears. In 26.6 per cent., there was mixed infection; the majority of these were chronic; in 24.8 per cent. streptococcus was the predominating organism; in 12.2 per cent., pneumococcus; in 7.4 per cent., staphylococcus; in 4.8 per cent., strep. mucosus caps.; and in 1.8 per cent., Vincent's spirillum. The remaining 22.4 per cent. were miscellaneous, negative, etc. Among them were placed the B. Pyocyaneus, B. Diphtheriae, B. Tuberculosis, B. Coli Comm., B. Friedländer, etc.

Dixon finds that the pus in the external canal usually shows mixed infection, but the causative organism is found in the mastoid pus, sinus, or brain when these organs are involved.

Bacon pays great respect to the Streptococcus mucosus caps., and says he finds extensive bone necrosis when this organism is the invader.

Diagnosis and aids to same.—As a rule the general practitioner is the first consulted about the pain in the ear or the discharge. This is the time to devote serious attention and treatment to these cases, for the earlier we can see them and start treatment the more we can do towards the conservation of not only hearing but life.

The chief symptoms I rely upon to guide me as to operation are: The continuance of post-auricular pain with or without oedema, together with pulsating discharge from the ear, and possibly sagging of posterior and superior meatal wall.

The presence or absence of pyrexia and a leucocytosis do not influence me if there is mastoid pain which continues with or without a discharging ear.

We must also be on our guard for the unusual, and differentiate a local from a reflex pain. Necrotic lesions in the molars, unerupted molars, and tonsillar and tubal inflammations will all give us at times typical mastoid pain. External otitis sometimes simulates mastoiditis, and the two may coexist.

Rarefying osteitis of the mastoid bone is a rare condition which will give continual local pain. The diagnosis of this condition is usually made under the microscope. C. W. Richardson ¹³ reports a case of this sort, in the Transactions of the American Otological Society, 1911.

Material aid and information may be acquired from the Roentgenologist, which will greatly assist in making one's diagnosis.

On the other hand, we often see cases which have neglected to seek advice or treatment, in which no paracentesis has been done, or just as bad, only a pin point puncture; or possibly a spontaneous rupture has occurred with only a small opening. This class of cases if seen early, even though they present a bulging of the membrane, if a thorough incision is made and they be watched carefully, will often go on to complete recovery.

In children we are much more apt to note the evidence of sepsis in the marked rise of temperature, and Kopetsky¹ says that convulsions are often observed when the membrana tympani remains imperforate.

Pulsation of the pus is considered as a valuable sign by some and as an indication for operation, but this must be considered along with the other evidence.

The Roentgenologist may be of great aid to us and it is surprising his assistance is not oftener sought. A comparative plate showing both mastoids, taken by a competent man, is of inestimable value in obscure cases.

Dixon, of the New York Eye and Ear Infirmary, and Law of New York, have done a great deal of work along this line and have made themselves most proficient in their interpretation of plates. The sigmoid sinus may be outlined and in cases of necrosis of its wall the extent of the same may be observed prior to operation. Also remote cells in zygomatic root or in occipital bone may be shown and reached when operating. I wish to state here that it is quite essential that every pus-bearing cell be reached and opened if we desire a satisfactory termination, otherwise we will probably have the embarrassing misfortune of doing a secondary operation.

In a paper read by Dixon⁷ before the Medical Association of Greater New York he says: "It is not to be understood that the blood count, the form of infection, or positive x-ray findings, alone can be relied upon to any considerable extent as determining the necessity for a mastoid operation. The clinical symptoms are all important; without them our modern aids are of little value.

"We may have a rather virulent streptococcus infection in the canal, or a pneumococcus infection which looks vicious in the smear, but both may recover after a myringotomy, though there may be considerable mastoid tenderness. In either streptococcus or pneumococcus cases (though we believe that more liberty can be taken with the latter as a rule), the danger signal may be a sudden rise in the polynuclear count, with or without an increased leucocytosis, especially the latter. A positive x-ray plate will again settle the diagnosis, though the clinical symptoms may not alone be sufficient to indicate the mastoid operation."

John J. Kyle⁸ in a recent article, lays particular stress on the pulsation of the discharge from the middle ear as a guide to early operation. But even this valuable sign is often absent and indeed in *some cases that are most urgent and require immediate operative* intervention, we may have no discharge to pulsate. Neither is it necessary that pus should fall in a spectacular cataract upon opening the cortical cells or the antrum, to justify the procedure.

Cases of bi-lateral otitis media with possible mastoid involvement are indeed trying cases, both from the standpoint of the surgeon and the patient, and they call for infinite care and patience, particularly if one is unfortunate enough to have some such complication as a sigmoid sinus thrombosis.

One's judgment is taxed to the utmost in such a case. Here again is where the Roentgenologist can lend us very material aid, particularly so if he can show us on which side the thrombosis is located.

The so-called Latent mastoiditis is a condition one has to deal with occasionally. These cases are those in which the surgeon has temporized too long, or the patient has not sought advice, until finally the acute symptoms have subsided, the patient has established a certain immunity to the toxæmia, and to all apparent purposes the mastoid has cleared. We find a persistent suppurative otitis media which may vary in quantity and may be intermittent. The pyorrhea resisting all measures, operation will usually reveal a completely disintegrated mastoid process. These cases are particularly vicious, as they usually leave a certain amount of permanent impairment of hearing. Mithoefer⁹, Hays¹⁰ and others have reported many such cases in the literature.

Otitis externa or furunculosis of the external canal is not always the simple little "pimple" one often hears it spoken of. There very often is an acute suppurative otitis media concealed behind the oedematous and painful canal, and the furuncle is merely the result of a secondary infection in the skin due to the discharge of pus.

Chronic discharging ears in children call for a deal of thoughtful treatment. Some cases will yield beautifully to local measures, possibly with vaccines. These are usually the cases with large central perforations and a chronic discharging middle ear and mastoid. One may have to resort to a simple mastoidectomy in these cases. Hypertrophied adenoid tissue and diseased tonsils should be removed if present, but the parents should be warned not to expect wonders following the procedure, as their removal will certainly not put an end to an otorrhea with accompanying necrosed bone.

Another class of cases will present a chronic discharging ear

with adhesions in the tympanum, polyps, and detritus, with marginal perforations, or no membrane at all. Sometimes these cases will clear up nicely under local measures which provide good drainage and the cavity will dermatize and remain dry, nature having done a neat radical operation. More than likely, however, a radical operation will be necessary to entirely clear up the discharge. In children this should be kept as a last measure and only resorted to after every other means has failed.

Too often indeed do we see children allowed to grow up with discharging ears, in the vain hope that at some time during their adolescence they will drop this burden; this is a delusion too often fostered by the medical profession, surprising as it may seem.

Aside from the possibilities of intracranial complications, the autointoxication usually stamps itself upon the child in some unmistakable manner. Aural furuncles, Impetigo, and Eczema are among the list of ailments the pus gives rise to.

Our attention can not be too strongly called to the care of the infants' and children's ears.

From a purely sociologic standpoint we owe it to the community not to allow any more cases of *acquired* deaf-mutism. If a child loses its hearing before it learns to speak it will in all probability become a mute.

John Dutton Wright¹² states there are approximately 50,000 deaf mutes in the United States.

It should indeed be a stimulus to better care of the children's ears when we reflect upon the tragedy of these lives, and the ostracism they not only have forced upon them, but inflict upon themselves rather than be subjected to the ridicule that is only too readily forthcoming from the average heartless youngster.

J. J. Kyle⁸ thinks, and rightly, too, that a lumbar puncture and cell count should be made in all cases in which there is a suspicion of intracranial trouble, preceding an operation.

Cases of mastoiditis seen early should yield 100 per cent. of cures, while temporizing too long and neglect yield a large mortality.

Delay is less likely to prove serious in the young adult than in the infant and aged. In the latter there is usually some otosclerotic change and the pus if not draining well is apt to seek outlet into the cranial cavity.

Kopetzky¹ thinks that in the usual uncomplicated cases it is wise to delay operation until after the first "hyperaemic stage," as he calls it, has passed. His theory is that after the first 24 or 36 hours the blood in the smaller venous channels has become thrombosed, and that bacterial invasion of the sinuses or chances of this are much lessened. Also the body resistance is better.

Some of the grave complications that may ensue are sinus thrombosis with possible metastases, brain or epidural abscess, and meningitis, either serous or purulent. The former type may recover, the latter rarely.

I would again urge early operation when mastoid symptoms continue rather than temporize and experience that hopeless feeling which one has when he sees the unmistakable signs of meningitis appear.

Comparative x-ray studies will be found to be of inestimable aid particularly in the chronic suppurative cases and in the acute cases with unusual features.

Much may be accomplished by free and early paracentesis in suppurations of the middle ear and in many cases of acute catarrhal otitis, as this will often lead to spontaneous recovery.

I believe in the use of vaccines and local measures, though there is much for us to learn about vaccine-therapy.

Some Contraindications to Mastoidectomy.—Hemophilia, though rare, undoubtedly does exist, and should one encounter a hemophiliac who develops mastoiditis, he should, I think, be justified in delaying operation until all abortive measures have been tried.

Advanced tuberculosis and diabetes in a patient who is suffering with mastoiditis are considered contraindications to operation unless local anesthesia is resorted to. Even fairly well advanced tuberculosis may not prove a contraindication, as the operation can be done under local anesthesia or nitrous oxide and oxygen in certain cases.

Summarizing the conditions which would indicate the simple mastoid operation, we find

1. Cases of acute mastoiditis, with persistent pain on pressure over the tip, or antrum. Persistence of fever after a successful paracentesis has been done, or in which we find a sagging of the posterior superior meatal wall.
2. Cases of acute suppuration of the middle ear, with dizziness, vomiting, nausea, or beginning facial paralysis, or with signs of intracranial or labyrinthian involvement.
3. Cases of long standing middle ear suppuration which resist all local measures, and because of good hearing, and other reasons do not indicate a radical mastoid.
4. Cases of persistent mastoid pain either with or without other symptoms, which can not be accounted for in other ways.
5. Cases of subperiosteal abscess.

In closing I would like to quote Whiting¹¹, who says: "As a life-saving measure few surgical procedures equal, and none surpass, in efficiency the modern mastoid operation."

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Dr. Oscar Wilkinson said that the first thing to consider in a case of mastoiditis is the safety of the patient. Although simple measures of treatment may be followed by recovery, we need to consider the dire consequences that may follow delay. The second thing to consider is the preservation of hearing; and simple enucleation of the mastoid cells is the best measure to effect this end. The middle ear organs are so delicate that they are quickly destroyed by intense inflammatory processes; therefore drainage should be quickly afforded. The most important indication for operation is sagging of the posterior portion of the tympanic membrane; if the pain at the mastoid tip is not quickly relieved by ice applications, operation should follow.

Dr. C. W. Richardson said that one could only dilate on what had been said in the paper. There is a comprehensive method for diagnosis, viz.: (1) Pain. This is one of the most positive of the signs. It is both subjective and objective. Pain which robs the patient of sleep is very significant. Tenderness over the antrum is also very characteristic of cases demanding operation. In many cases antrum infection is coincident with invasion of the atrium. Mastoid pain may precede rupture of the tympanum, and may occur even before there is much redness of the drum head. These cases usually get well from drainage of the tympanic cavity; more extensive operation is not demanded. The most serious and alarming cases are those in which the mastoid pain occurs three or four days after the estab-

lishment of drainage. (2) He did not regard pulsating discharge very seriously as a significant symptom; but he did regard as very serious the occurrence of increasing and purely pustular discharge. (3) The sinking of the posterior portion of the membrane is highly significant. (4) The x-ray helps at times. He cited a case in which there was chronic mastoid tenderness, but with a perfect drum and perfect middle ear. Years ago there was an alleged suppuration from that ear. He had opposed operation but had been induced to do it finally on the basis of x-ray evidence; he opened a perfectly normal mastoid. He did not wish to attack the usefulness of x-ray diagnosis, but he wished to point out that it is not infallible.

Mastoiditis may occur in the course of tuberculosis. Anesthesia by inhalation is contraindicated, but the mastoid must be opened. He had such a case in a boy of eighteen and he succeeded in operating quite satisfactorily under local anesthesia. Even in patients very nearly *in extremis*, relief may be afforded in this way.

We are inclined to neglect the bloodclot operation; but it surely has its field. It is illadvised to do it in many cases, but in the right sort of cases it is extremely successful. It gives a perfect wound without depression and with quick recovery. The only difficulty about the bloodclot operation is that if the bloodclot breaks down, we can not be sure what the continued fever and pain are due to. After cleaning out the clot, however, we are where we started, with the loss of only a few days.

Dr. Huntington said that as to pulsating discharge there is often no pus to pulsate. The application of ice and the use of morphine in these cases did not meet with his approval; they mask the symptoms. Pain is one of the most important indications for operation, especially if it persists unduly after incision of the tympanum. He had not mentioned the bloodclot operation for various reasons; it undoubtedly has a place in otological surgery. He had done one such case with great success; such cases usually completely heal in from ten days to two weeks.

While reading the morning paper, Miss Sarah suddenly exclaimed:

"How dreadful! Rev. Mr. Marigold taken to the hospital, a victim of locomotor ataxia!"

"I wonder," said her sister Susan, "whether the poor man was run over or whether the thing blew up with him?"

—*Philadelphia Public Ledger.*

TWO HUNDRED CONSECUTIVE TONSILLECTOMIES
UNDER LOCAL ANAESTHESIA, WITH REMARKS.*

By OSCAR WILKINSON, A. M., M. D.,

Washington, D. C.

The subject of Tonsillectomy is an exceedingly interesting one, both to the general practitioner and the specialist. This is particularly true at the present time on account of the rôle that the infected tonsil plays in obscure general infections. The method of operation does not necessarily interest a general practitioner except insofar as it concerns the patient;—that is, facilitates his recovery and assures the best end result. The method of operation, however, is of greatest interest to the operator, both from his standpoint as to ease of execution and time saved in the work, as well as the interest of the patient during the operation, the recovery period, and last but not least, the final result.

Preparation of Patient.—In doing these operations the patients have had the following preparation: A laxative is ordered two days prior to the operation. It is our custom to give an A. B. & S. pill or a saline laxative. The throat should be free of inflammation. The use of fifteen per cent. alcoholic solution as a gargle is one of the best throat cleansing washes and is particularly advisable prior to these operations. I invariably operate in the morning as early as eight o'clock and the patient is given either no food at all or simply permitted to have a cup of coffee or some light liquid diet. Just before the operation the patient is given a hypodermic of one-half grain codeine sulphate with, in certain cases, one two-hundredth grain atropine sulphate.

The Anaesthetic.—I use first, locally, a six per cent. solution of cocaine painted over each tonsil and into the tonsil crypts and then over the soft palate and pharynx. In sensitive subjects this latter prevents the tendency to gag which would interfere with the injection of the subsequent solution. I use as an injection a one per cent. solution of alypin, or novocain or a one-tenth per cent. cocaine solution, to which from five to eight drops of adrenalin have been added. Alypin and novocain are preferable to cocaine. About one-half c. c. of the solution selected is injected into the anterior superior surface of the tonsil proper, when it is possible to get the solution to remain in the tissue. In friable tonsils often the solution will not stay in the tonsil tissues. Unless the tonsil is bleached from the effects of the medicine you do not get anaesthesia. The next step of anaesthesia is to place two or three dops just underneath the mucous

*Read before the Medical Society, March 28, 1917.

membrane at the plica supratonsillaris. After this two or three drops should be placed under the mucous membrane in the middle posterior surface of the tonsil. A similar amount should then be placed at the middle anterior surface of the tonsil just under the mucous membrane, and a few drops should then be placed underneath the mucous membrane at the base of the tonsil. We next take a tonsil forceps and grasp the tonsil near its center and draw it forwards and inwards, thus showing the outline of the tonsil in its capsule. The needle is now passed through or beyond the superior portion of the tonsil back of the capsule and about ten drops are injected. Next, about the same amount is injected behind the tonsil at about its center and then back of the tonsil near its base. The same procedure is now carried out for anaesthetizing the opposite tonsil. By the time the second tonsil has been injected the first one is ready for the operation. The entire amount of the solution used is generally from two to three drams.

Technique of the Operation.—The patient should be in a sitting posture, usually in a straight back chair with his head steadied by an assistant, who also holds down the tongue with the tongue depressor. However, this is not necessary in all cases. The tonsil is grasped by a tonsil forceps (I have found these, which I had made a number of years ago, very satisfactory) near its superior free border and drawn forwards and inwards, an incision is made through the mucous membrane *only*, along the superior, anterior and posterior borders of the tonsil, with a sharp knife with a double edge, slightly curved on the flat. This incision should never go through the capsule of the tonsil and it should be made as far forward and as near the tonsil tissue as possible. By doing this, the least possible sacrifice of tissue is secured, which is particularly to be desired; first, on account of less traumatism; second, on account of more rapid healing, and third, on account of less ultimate disfigurement. A second forceps is now used to grasp the superior portion of the tonsil at the margin of this incision. A dull knife is used simply to push back the mucous membrane until a more firm hold can be secured on the superior portion of the tonsil with its capsule. When this has been secured, the dull knife can be used simply to push the tissue away from the capsule, not by cutting strokes but simply by scraping back, as it were, the tissues, always bringing the force of this effort against the capsule. It is surprising to see how much soft tissue can be carelessly torn away from the loose cellular tissue posterior to the tonsil capsule. In this part of the operation the object is simply to hug the capsule tightly so that when the operation is completed you have a smooth cavity which, from appearances, has a capsule lining the cavity from which the tonsil has been

removed. In other words, one is almost persuaded that, in cases in which this has been properly done, there has been an *intra-capsular* operation. The tonsil is gradually pushed down on all sides until it is hanging loose in the throat, being detached from the anterior and posterior pillars with accuracy and precision, securing absolutely nothing with the tonsil itself except the tonsil in its capsule and the mucous membrane covering the anterior surface of the tonsil. When the tonsil lies loose in this position a snare with a small loop of No. 8 piano wire is made to encircle and cut off the lower portion of the tonsil and thus the operation is completed. The bleeding being controlled by pressure, hemostat or ligature, the other tonsil is now removed in the same manner. When both tonsils have been removed and the hemorrhage stopped, the cavities are painted with phenol and iodine solution, then compound tincture of benzoine and the patient sent to bed.

After Care of the Patient.—The patient is instructed not to attempt to clear the throat more than is absolutely necessary to prevent swallowing of blood. Those who complain of pain are given an ice pack around the neck, and some demand another injection of codeine or codeine by the mouth. In nervous subjects I have found that one or two doses of bromide of potash have a good effect. After four to six hours very few patients complain of pain of sufficient amount to demand any further anodyne. In patients in whom the salivary glands are excessively active the use of atropine is sometimes indicated to dry up the secretions. For the next eight or ten days the throat is sore on swallowing and particularly on taking sour drinks or eating anything that is either too hot or too cold. Cleansing gargles are used and antiseptic applications are made from time to time until the patient is well. ;

The Complications.—Complications may be classified under two headings,—those which may occur at the time of the operation and those which may occur after the operation. Complications at the time of the operation may be due to sickness from the anaesthesia, fright on the part of the patient, or from hemorrhage preventing further operative procedure. Neither one of these complications has so interfered with us in these two hundred cases as to prevent the removal of both tonsils. We have had seven cases which required some attention, either on account of fright or the anaesthetic, but none due to severe hemorrhage. Of these, in only one case was it necessary for the patient to lie down on account of feeling sick, and in this case by simply arranging the operating table and placing the gentleman on the table the operation was completed, and within a few minutes he was able to walk out of the room. This was a very nervous man who always had fainted at the sight of

blood and had been for five years trying to muster enough courage to have his tonsils removed. It is a question whether his fainty condition, as he termed it, was due to fright or to the amount of cocaine used as a local anaesthetic. Of the other cases, four were women of very nervous temperaments and one went to the operating room saying she knew she could not stand the operation without ether. Their only symptoms were a fainty feeling associated with pallor. These regained their color as well as their courage after the administration of a teaspoonful of aromatic spirits of ammonia and bathing their faces in cold water, and all of them left the operating room in a very much more cheerful condition than when they entered, having regained both their courage and their color. It is often a difficult matter to determine just how much of this partial collapse is due to fright and how much to the toxic effect of the anaesthetic.

The after complications consist of hemorrhages, peritonsillar abscess and neuralgia. Hemorrhages may be divided into primary and secondary. A hemorrhage within the first seventy hours may be considered primary. After this period they are usually termed secondary hemorrhages. In this series of two hundred cases we had four primary hemorrhages. Of this number it was necessary in only one case to ligate the bleeding vessel. We had three cases of secondary hemorrhages. Of this number in only one case was it necessary to sew up the tonsil cavity. In two cases in which I was called to see the patient on account of hemorrhage, it had stopped by the time I arrived and nothing was done further than to inspect the throat. In two cases of secondary hemorrhage it was necessary to use local astringents and simply place a piece of gauze with styptic solution in the tonsil cavity.

I had one case of peritonsillar abscess which occurred within eight days after the enucleation of the tonsil. In this particular case the young lady wished to have her tonsils removed during her vacation. I had treated her ten days prior to this time for an acute follicular tonsillitis, and I insisted that it would be better to wait, but she was more insistent; hence, I operated under protest and she protested afterwards. I had one other case of threatened peritonsillar abscess in a young lady who was operated on under exactly similar conditions. She barely escaped peritonsillar abscess after a most vigorous aseptic treatment of her throat. After these two experiences, I would insist upon any patient waiting three weeks after tonsillitis before a tonsillectomy is done. There are three serious objections to operation upon a patient who has recently had tonsillitis. First, danger of after-infection; second, hemorrhage is always greater, and third, local anaesthesia is never so complete in a throat that is inflamed.

The next complication is that of neuralgia in the throat. I had two cases of this character and, fortunately for the patients and the doctor, it is a most rare occurrence. However, I am inclined to think it often occurs when the operator knows nothing about it. The conditions of these two patients were very much the same. The symptoms were as follows: Within a few weeks after a perfectly beautiful operation and an otherwise beautiful result, the patient returns with a stinging, burning, lancinating pain at the lower anterior portion of the tonsil scar. This is due to the involvement of a tonsillar branch of the glosso-pharyngeal nerve in the tonsil scar. A branch of this nerve seems particularly apt to be involved in a tonsil scar and cause this character of trouble. A possible injury to the main portion of the glosso-pharyngeal nerve might occur in this region. However, this did not occur in any of my cases. There was a report last year in the *American Medical Journal* by Matthews of such cases. When this does occur the patient suffers for a long time, if not indefinitely, from a severe drying of the throat and fatigue after singing or speaking. I had under my care last winter a young lady who had an injury to both pharyngeal nerves during tonsillectomy and suffered intensely from a mucous discharge drying on the posterior pharynx.

Two hundred tonsillectomies under local anaesthesia is not a great number of cases, but is sufficient, when carefully considered, to justify some interesting conclusions:

First: The operation can be done without pain;

Second: Don't operate on a case which has had a recent acute tonsillitis;

Third: There is less shock, less hemorrhage and less fever under local anaesthesia;

Fourth: The work can be more satisfactorily done and hemorrhage can be more easily controlled under local anaesthesia;

Fifth: Many cases can thus be operated on which could not, on account of other conditions, take a general anaesthetic;

Sixth: That local anaesthesia is *the anaesthetic* of choice in all grown subjects with very few exceptions.

Dr. V. B. Rench did not regard the operation under local anesthesia as the method to be chosen, if the patient can be persuaded to take a general anesthetic. Gagging cannot be controlled under local anesthesia and as the patients become frightened by the bleeding, hemorrhage cannot be as effectively controlled.

Dr. C. W. Richardson said that the paper was of interest. The choice of operation should be decided by consideration of the best interest of the patient and the satisfaction of the doctor. Men differ in respect to the best method of doing operations be-

cause of personal differences of aptitude and thus can perform best the operation which suits them best. He had decided that for himself it is best to remove tonsils under general anesthesia. He felt obliged to criticise some of the essayist's statements and methods. It is self-evident that hemorrhage must be harder to control with the patient conscious and frightened. Hemorrhage always occurs whenever vessels are divided and vessels must be divided under local as well as under general anesthesia. His own experience with early secondary hemorrhage had taught him the difficulty of controlling it in a conscious patient; he therefore must insist on the greater facility of managing this complication under ether. As to the occurrence of peritonsillar abscess, Matthews has stated that he has had eight cases of deep neck infection following tonsillectomy under local anesthesia. This complication is not really peritonsillar abscess, it is an infection caused by the infiltrating needle passing through heavily infected tissue. It seemed to Dr. Richardson that if he were using the local anesthesia method he would certainly use one of the special knives that have been invented for dissecting out the tonsil.

Dr. W. A. Jack said that the question of local or general anesthesia is a personal one. All operations under local anesthesia must be done more gently and more anatomically than when general anesthesia is employed. The tonsil is a lymphatic gland held in place by folds of mucous membrane; when the mucous membrane is cleanly divided, and the tonsil removed along the proper line of cleavage, no hemorrhage of consequence need be apprehended.

Dr. Wilkinson said, in closing, that he could assure Dr. Rench and Dr. Richardson that he had not spent over three minutes in controlling hemorrhage at the time of operation in any case in his series. The bleeding vessels can be easily seen and clamped; the pinch of the clamp serves to end the bleeding from the vessel clamped. Oozing can be controlled by tucking a little plug of gauze between the pillars into the bed from which the tonsil has been lifted; there it will remain while the other tonsil receives attention. Dr. Jack had struck the keynote in his remarks upon anatomical dissection; by following the natural plane of cleavage hemorrhage of consequence is avoided.

AND THEN WHAT?—Some one noticed that Pat was ambidexterous.

"When I was a boy," he explained, "me father always said to me: 'Pat, learn to cut yer finger-nails wid yer left hand, for some day ye might lose yer right hand.'"—*The American Boy*.

In Memoriam.

DR. WALTER WATKINS WILKINSON.

Walter Watkins Wilkinson was born at South Boston, Va., September 10, 1876. He died March 28, 1917. Very early in life he determined to become a physician and with that in view came to this city for employment in the Southern Railway office. Afterwards he found a more satisfactory position in the United States Navy Department, where he soon obtained recognition and an offer of increased salary as an inducement to remain there.

He had, however, decided to study medicine, so he resigned from the Department and entered George Washington University Medical School, graduating from that school at the head of his class in 1905. He entered Garfield Hospital as an interne, in 1904-5, became assistant pathologist in that institution in 1906, and continued in that service for seven years. He was for some time pathologist at the Children's Hospital and the visiting staff of that institution speak of his work in the highest terms of praise.

Dr. J. B. Nichols has paid him the highest compliments, both as a student in the medical school and as his associate in the laboratory work. He says of Dr. Wilkinson: "He was active, energetic, ambitious, industrious and conscientious. He became a competent pathologist and was thoroughly scientific in his attitude and methods."

Dr. Wilkinson became instructor in Diagnosis in 1909 and instructor in Medicine in 1910, and in 1913 was made professor of Morbid Anatomy. No higher compliment could have been paid him than the evidence of such appreciation from his *Alma Mater*, which reward was earned by his conscientious and industrious performance of duty.

Soon after leaving the hospital he was invited by Dr. Wm. M. Sprigg to accept a position as associate in his private work. Dr. Sprigg says he remained as his associate, his companion and friend until he was obliged to leave the city on account of illness in 1913.

Dr. Wilkinson soon began to systematize his studies after graduation, and in 1908 he, jointly with Dr. T. A. Claytor, reported a case of tuberculosis of the stomach. This appeared in the *Arch. Int. Medicine*, 1908. He was also associated with Dr. J. D. Morgan in reporting "Ten Cases of Epidemic Cerebro-Spinal Meningitis," treated by anti-meningitis serum. *WASH. MED. ANN.*, 1908-9, VIII, 308. He also wrote on "Acute Articular Rheumatism" for *Col. Med. Jour.*, Denver, 1909, VI, 75-79.

Still another paper is on "Defensive Elements of the Body." U. S. Navy Bulletin, 1913, VII, 381. Another of great interest is "Fatal Toxaemia of Pregnancy, Blood Transfusion."

He was a member of this society and took active interest in its scientific work. He was also a member of the American Medical Association, the George Washington Alumni Association, and once president thereof, and president of the Hippocrates Society, besides being a member of one or more Greek letter societies.

In 1913 he was obliged to leave his work and go to Saranac for his health. Later he went to Cumberland, Va., where he greatly improved. At that time he thought of pursuing the study of tuberculosis still further and was associated with the management of Catawba Sanatorium in Virginia until January, 1917.

We believe that your committee voices the general sentiment of all those consulted in collecting the data for this report that the Medical Society of the District of Columbia has lost one of its most active, conscientious and capable members, and one who was rapidly attaining a prominent place among the best known and best informed practitioners in our Society.* We all deplore his early death and join with one who says of him:

"Green be the turf above thee,
Friend of my better days,
None knew thee but to love thee;
None named thee but to praise."

Committee on Necrology.

DR. WILLIAM J. DILLENBACK.

William J. Dillenback was born January 30, 1865; graduated in medicine at Columbian University, 1888; died December 28, 1916.

WHEREAS, after a period of long and increasing disability, our friend and colleague, Dr. Wm. J. Dillenback, has come to the end of his troubles, we wish to express our appreciation of the difficulties under which he worked and our regrets at his departure.

The committee recommends that copies of this resolution be sent to Dr. Dillenback's widow, to his brother, and spread upon the minutes of the Society.†

(Signed) TRUMAN ABBE,
I. S. STONE,
S. S. ADAMS,

Committee.

*Adopted by the Medical Society April 18, 1917.

†Adopted by the Medical Society April 11, 1917.

DR. HAMILTON WRIGHT.

Dr. Hamilton Wright was born at Cleveland, Ohio, August 2, 1867.

Married Elizabeth Washburn, daughter of the late Senator Wm. Drew Washburn. Primary education in Boston, Mass., private and public schools.

In 1884, served in the 7th Fusiliers in the Reale Rebellion, for which he was presented with a medal.

Was graduated with first-class honors M. D., C. M., McGill University, Montreal, in 1895. Immediately entered on research work and was appointed Medical Registrar and Neuro-Pathologist, Royal Victoria Hospital, Montreal, spending the year 1895-1896 on leave of absence in China and Japan studying especially Beri-Beri, Plague and Malaria. Was awarded a British Medical Association Exhibition for research work on the nervous system in 1897. The same year was chosen John Lucas Walker Exhibitioner of Cambridge University, England. Spent 1898 under auspices of the latter University, at Universities of Heidelberg and Frankfurt and in Paris.

During 1898 was associated with Professor Frederick Mott, F. R. S., in the organization and direction of the newly established London County Council Laboratories. At the end of 1899 was commissioned by the British Colonial Office, to organize a system of scientific laboratories and investigate certain tropical diseases more particularly Beri-Beri, which was at that time scourging the Federated Malay States and Straits Settlements. Was engaged in this work for three years, being Director of the Department for Medical Research; his particular and most extensive work being on Beri-Beri. Returned to the United States in 1903 and began work on collected material at Johns Hopkins University. Was made Honorary Fellow of Johns Hopkins, Academic year of 1902-3.

In Research work in United States and Europe from 1903-1908. Appointed U. S. Commissioner on International Opium Commission by President Roosevelt in 1908; was American delegate to the International Opium Commission, Shanghai, China, 1909; with Department of State in charge of preparations for International Opium Conference, The Hague, Dec., 1911 (American delegate to same); continued in charge of efforts of U. S. Government to solve opium problem and was Chairman of American delegation to second conference at The Hague, July, 1913. He prepared the bill known as the Harrison bill, which passed Congress soon after the second Hague conference, and four other anti-narcotic bills on behalf of the Government for domestic and international uses.

In reference to Dr. Wright's efforts at the First International

Opium Conference held at The Hague in 1911-12. Bishop Brent at that time on the American delegation wrote to the Secretary of State: "Before concluding my letter I wish to bear testimony to the valuable services of Doctor Hamilton Wright. I am of the opinion that the majority, if not all the delegates present at the Conference would agree with me in saying that, his grasp of the subject was more comprehensive than that of any other delegate; nor can I forget that during the past three years he has given himself to the study of the problem in a most indefatigable way. Without his pertinacity of purpose it is a question whether the Conference could have been brought about."

At the conclusion of the Second Hague Conference Mr. Lloyd Bryce, at that time Minister to Holland and American delegate to the Conference, in writing of the Conference to the Secretary of State referred to Dr. Wright's work in the following terms: "From this time the affairs in the Conference itself began to move. The fervor, energy and skill of Dr. Wright on the floor, and his work in the Committee of Redaction had begun to breathe a new spirit into the sessions." And again: "What was accomplished was due to the hard work, resolution and indefatigable persistence of Dr. Wright."

Dr. Wright made numerous contributions to medical literature chiefly upon neuropathology and the opium problem.

Publications:

1. The Cerebral Cortical Cell under the influence of poisonous doses of Bromide of Potassium. *Brain*, 1906.

2. Contribution to the study of the Posterior Columns of the Spinal Cord. *British Medical Journal*, 1899.

3. Degenerative Changes in the Posterior Spinal Ganglia and Peripheral Cutaneous Nerves in a case of General Paralysis with Bullous Eruptions, (with F. W. Mott). *Archives of Neurology*, 1899.

4. Comparative Examination of the Tangential System of Fibres of the Inferior Frontal Convolutions of the two Hemispheres in General Paralysis. Same journal, 1899.

5. Alcoholic Atrophy in the General and Peripheral Nervous System of a Woman. Same journal, 1899.

6. Histological Notes of Several Cases of Tabo-paralysis. *Archives of Neurology*, 1899.

7 and 8. Same journal. Action of Ether and Chloroform on the Cerebral and Spinal Neurons of Dogs. *Journal of Physiology*. Vol. 26, 1900, and 1901.

9. Monograph on the Malarial Fevers of British Malaya. "Studies from Department of Medical Research." Federated Malay States, 1901.

10. Changes in the Neuronal Centers in Beri-Beri Neuritis. *British Medical Journal*, June, 1901.

11. Monograph on the Etiology and Pathology of Beri-Beri. "Studies from Dept. of Medical Research." Federated Malay States. Vol. 2, No. 1. May, 1902.

12. Beri-Beri in Monkeys. *Brain*, 1903.

13. Monograph on the Pathology and Classification of Beri-Beri. "Studies from Dept. of Medical Research." Federated Malay States. Dec., 1903.

14. Result of Preventive Measures against Beri-Beri. *Journal of Hygiene*, April, 1905.

15. The Cause, Course, Prevention and Treatment of Beri-Beri. Read before the American Health Association, Boston, Sept., 1905.

16. An Outline of Acute Beri-Beri and its Residual Paralysis. "Review of Neurology and Psychiatry," Oct., 1905.

17. A Fatal Case of Acute Cardiac Beri-Beri. *British Medical Journal*, May, 1906.

18. Beri-Beri. Some Clinical Causes and their Bacteriology. Same journal, December, 1906.

19. The International Opium Commission. With an account of the Development and Spread of the Opium Habit. *Journal of International Law*, July and October, 1909.

20. A Historical Review of the Opium Problem. "Clark University Conference Reports," September, 1909.

21. The End of the Opium Question. *Review of Reviews*, May, 1915.

Member of A. A. A. S., American Asiatic Society, Am. Society International Law, Washington Academy Sciences, etc. Clubs: Metropolitan, Chevy Chase.

Dr. Wright went to France in 1915 to assist in Relief Work. Shortly after his arrival he was badly injured in a motor accident and from these injuries he never thoroughly recovered. His death, due to pneumonia with complications, pulmonary thrombosis, occurred at his home in Washington on January 9, 1917.

The Society, through its committee, would express to Mrs Wright and her children its sympathy in the distress which has come upon them, and would say that while Dr. Wright was seldom seen at our meetings we, together with the profession throughout the world, have sustained a distinct loss in the untimely death of one whose record shows continuous and earnest work along the lines in which he was interested.*

THOMAS A. CLAYTOR,
SAMUEL S. ADAMS,
JOHN R. WELLINGTON.

*Adopted by the Medical Society, March 28, 1917.

REPORT OF DR. C. W. FRANZONI, TREASURER OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA, FOR THE YEAR 1916.

RECEIPTS.

Cash balance on hand January 1, 1916	\$466.89
Entrance fees for 1916.....	95.00
Assessments for 1912	\$4.00
1913	8.00
1914	140.00
1915	529.00
1916	1,723.00
	<hr/>
	2,404.00
From associate members.....	66.00
History of Medical Society.....	1.00
Subscriptions to MEDICAL ANNALS.....	3.00
Advertising in MEDICAL ANNALS.....	148.75
Interest at 2 per cent. on deposits.....	12.92
Refund from banquet to Dr. Cook	8.33
	<hr/>
Total.....	\$3,205.89

EXPENDITURES.

Stipend, Recording Secretary.....	300.00
Expenses, Recording Secretary.....	27.01
Stipend, Corresponding Secretary.....	200.00
Expenses, Corresponding Secretary.....	382.77
Stipend, Treasurer.....	200.00
Honorarium, Treasurer.....	100.00
Expenses, Treasurer	33.50
Publishing MEDICAL ANNALS.....	865.48
Expenses, Editor MEDICAL ANNALS.....	20.40
Honorarium, Editor MEDICAL ANNALS.....	200.00
Rent of hall and lantern.....	164.00
Preparedness parade.....	74.30
Miscellaneous.....	107.50
Balance carried forward	530.93
	<hr/>
Total.....	\$3,205.89

ASSETS, DECEMBER 31, 1916.

Cash on hand.....	\$530.93
Iron safe valued at	\$65.00
Book cases	25.00
Blackboard	1.50
View box.....	25.00
	<hr/>
	116.50
Unpaid dues 1915	441.00
Unpaid dues 1916	650.00
	<hr/>
	1,091.00
Volumes of history of Medical Society.....	408.00
	<hr/>
Total.	\$2,146.43

Members dropped for non-payment of dues.....	4
Resigned.....	8
Died.....	11
Present membership, 556 active, 32 associate; total	588

COMMITTEE APPOINTED BY THE SOCIETY TO RENDER MEDICAL AID DURING THE INAUGURATION, MARCH 5, 1917.

The committee submits its report as follows:

The committee formed hospital units at the Emergency and Casualty Hospitals; these units were composed of the staff and their associates; the chairman at the Casualty was Dr. Wellington, and at the Emergency, Dr. W. P. Carr. Dr. Carr was also Vice President of the committee. The rest of the committee formed five first aid and ambulance stations, with a chairman for each unit. Union Station, Dr. Lemon; 4½ St. and Penn. Ave., Dr. A. B. Hooe; 602 Penn. Ave., Dr. Gannon; 1010 Penn. Ave., Dr. Davidson; 15th St. and Penn. Ave., Dr. Harry Lewis. The hospital equipment was furnished by the Army Medical Depot, the authority for which had been given by Congress. The supplies have been returned, and I am informed by the officer in charge of the Medical Depot that the units returned them in perfect condition. The committee has been informed by the chairman of the Inaugural Committee, Mr. Robert N. Harper, that its work was successful. Eighteen cases were treated at the Union Station and fifty-six, on March 5, at the Avenue stations. Nineteen cases were sent to the hospitals; others were treated at the First Aid Stations and discharged. Ten ambulances, with attendants and sergeants in charge, were furnished by the Army by authority of Congress. The men performed their duties faithfully. The committee wishes to thank the following persons for furnishing first aid stations and also for many other courtesies: Mr. Jones, Supt. of the Ford Motor Company; Mr. Lattimer, 602 Penn. Ave.; Mr. Espey, 1010 Penn. Ave.; Mrs. Boggs, President of the Women's Wilson Club, 15th St. and Penn. Ave., and the Superintendent of the Union Station. The committee highly appreciates the splendid work of the Red Cross nurses, and the aid given by that fine organization, the Boy Scouts.

Major Pullman coöperated in every way with the committee, which the committee appreciates. The committee esteems highly the courtesies by Col. Fisher and Maj. Noble of the Surgeon General's Staff, and Col. Darnall, in charge of the Army Supply Depot.

Recommendation: The committee believes that in the future, when medical aid is asked of the Society, its committees should have placed at its disposal the necessary funds to perform the work, and that all ambulances along the route of parades should be under the control of the Medical Committee.

P. S. Roy,
Chairman of Committee.

CONSCRIPTION.

Resolutions adopted by the Medical Society of the District of Columbia April 25, 1917, and ordered to be sent to the Chairmen of the Committees on Military Affairs of the House and of the Senate:

"WHEREAS the Congress is engaged in formulating a policy for the creation of an army for the prosecution of the war, and

"WHEREAS costly delay in the decision of this vital question grows out of the debate upon the two great alternatives proposed,

"Resolved that the Medical Society of the District of Columbia appeals to the Congress for the immediate adoption of the system of universal service and its application through the selective draft as the most just, democratic, economical and efficient plan. And

"Resolved that, although to the extent of ten per cent. our members have already volunteered their services in the military forces of the country, this Society, as an earnest of its sincerity in this plea, stands ready for the application of the draft to its own membership in order that its powers may be utilized by the State in the best possible manner both at home and abroad."

PROCEEDINGS OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

Wednesday, February 21, 1917.—The President, Dr. G. Wythe Cook, presided; about 60 members present.

Dr. Frank Leech, for the Executive Committee, reported the following recommendations:

(1) That a letter from the Secretary of the American Medical Association regarding a plan to canvass this district for new members be answered substantially as follows: That owing to our geographical situation we need no canvasser to increase the membership of our Society, but we are in hearty accord with any proper effort which may be made to increase the membership of the A. M. A. and the circulation of the Journal of the A. M. A.

(2) That a letter from the Manufacturers' and Merchants' Association of America asking for an opinion regarding the effect of alcoholic liquors on human health be laid on the table.

(3) That the action of the committee in sending the legislative subcommittee to inquire of the congressional committees concerned regarding the scope of a bill pending to prevent government employees from receiving compensation for any personal or professional services rendered outside of office hours be approved; and, inasmuch as the provisions of the act affect unfavorably members of this Society, that the committee be au-

thorized to send a letter (text read and filed herewith) protesting against the enactment of the bill in its present form.

The recommendations were adopted. See ANNALS for March, page 111.

The resignation of Dr. L. A. LaGarde, of associate membership, was accepted.

Dr. A. W. Boswell presented a set of resolutions bearing on the participation of members in the activities of the Society and on measures for improving the present conditions, which upon motion were referred to the Executive Committee for consideration, and to the WASHINGTON MEDICAL ANNALS for publication. See ANNALS for March, page 112.

Dr. W. H. Huntington read the paper for the evening, entitled: Mastoiditis. Discussed by Drs. O. Wilkinson, C. W. Richardson, and Huntington. See page 180.

Wednesday, February 28.—President Cook presided; about 50 members present.

Dr. E. G. Seibert, for the Program Committee, reported the arrangements made for the joint meeting with the Baltimore City Medical Society on March 16th in Baltimore and urged a full attendance. The program to consist of addresses by medical officers of the Army on the general subject of medical preparedness: Surgeon General Gorgas, Col. Noble, and Col. La Garde to speak.

The resignation of Dr. S. G. Evans, U. S. Navy, of associate membership, was accepted.

Dr. W. T. Davis reported a case of Primary Tuberculosis of the Conjunctiva, and exhibited the patient. The case was discussed by Drs. R. S. Lamb, S. B. Muncaster, W. P. Carr, V. B. Rench and Davis.

Dr. A. C. Christie read the paper of the evening, entitled: Diagnosis of bone tumors. Illustrated with lantern slides. Discussed by Drs. H. H. Kerr, Dunlop, W. P. Carr, Groover, Roy, and Christie.

Wednesday, March 7.—President Cook presided; about 75 members present.

The Treasurer presented his report for February, showing receipts, \$285.04; disbursed, \$82.44.

The following appropriations were granted: Flowers for Dr. Ford Thompson's funeral, \$10.00; program postal cards for February, \$44.71.

The Committee of Censors reported favorably on the following applicants for membership, and they were elected.

For active membership: James Harold Collins, George Washington University, 1915; Anita Alvera Wilson, Syracuse Uni-

versity Med. School, 1911; Howard Francis Kane, George Washington University, 1912; Frederick Y. Donn, George Washington University, 1915; Custis Lee Hall, George Washington University, 1912; Joseph A. Mendelson, Temple University Coll. of Med., 1915; May Davis Baker, Howard University, 1896; Samuel M. Sacks, George Washington University, 1907.

For associate membership: Hugh McGuire, Alexandria, Va.; Thomas K. Conrad, Chevy Chase, Md.

Dr. Nichols, for the Committee on Centennial, recommended and asked authority as follows:

(1) To enlarge the committee from 16 to 54 members;

(2) To extend invitations signed by the proper officers of the Society to the following to participate in the program at the centennial celebration: The President of the United States, Rev. Wallace Radcliffe, D. D., Dr. Wm. H. Welch, Dr. Wm. J. Mayo, Dr. D. S. Lamb.

The foregoing recommendations were adopted and the authority requested granted.

A letter from Mr. Wm. F. Gude requested the designation of Dr. Frederick Yates to act as chairman of a Committee on Medical Work in connection with a convention of the Veiled Prophets of the Mystic Shrine to be held in June, and that he be authorized to invite other members to assist him. The request was granted.

The names of the following applicants for membership were proposed and the applications referred to the Committee of Censors:

For active membership: William Turner Parsons, Johns Hopkins University, 1907; Laurretta E. Kress, University of Michigan, 1894; Arthur C. Christie, College of Phys. and Surg., Cleveland, Ohio, 1904.

For associate membership: Llewellyn Powell, Alexandria, Va.; Samuel L. Hilton, Phar. D., Washington, D. C.

The following amendment to the Constitution was adopted: Amend. Art. V, Sec. 13, by striking out the words, "and members of the dental, pharmaceutical and veterinary professions."

The resignation of Dr. F. F. Repetti from active membership was accepted.

Dr. Geo. M. Kober announced the desire of the Council on National Defense that as many civilian practitioners as possible take advantage of the courses of lectures on military medicine to be given by medical officers of the Army at the local medical schools. He extended an invitation to all members to attend the lectures at the Georgetown University Hospital.

Dr. W. S. Bowen reported a case of Rupture of the Uterus during Labor and read a short paper on the subject. Discussed by Drs. D. G. Lewis, Roy, Willson, Glushak, and Bowen. See page 177.

Dr. C. W. Stiles addressed the Society on Some Practical Points on Hookworm Disease for Physicians outside Infected Areas. The address was illustrated with lantern slides. Discussion by Drs. Paul Johnson, D. S. Lamb, S. R. Karpeles, G. M. Kober, L. O. Howard, J. R. Verbrycke, A. A. Snyder, and Stiles.

Wednesday, March 14.—President Cook presided; about 65 members present.

The following additional appointments to the Committee on Centennial Celebration were announced: Drs. Bishop, Blackistone, Copeland, Cox, Foley, Foote, Gannon, Gwynn, Henning, Hyde, Jack, Jackson, L. A. Johnson, S. R. Karpeles, H. H. Kerr, F. Leech, Lemon, Linville, Lowe, C. C. Marbury, T. N. McLaughlin, Thomas Miller, Moran, W. Gerry Morgan, J. J. Muddell, T. E. Neill, Mary Parsons, Reeves, Rogers, Schreiber, Seibert, Selby, R. Y. Sullivan, J. A. Talbott, Tewksbury, Verbrycke, Wells, and Wolfe.

On motion the regular order of business was suspended and the meeting was thenceforth devoted to exercises commemorative of Dr. Joseph Ford Thompson. See page 222.

After appropriate remarks by the Chair,

Dr. S. S. Adams, for the Memorial Committee, presented a report embodying resolutions expressing the Society's appreciation of Dr. Thompson's life and work and its regret at his passing.

Dr. D. S. Lamb presented a Biographical Sketch.

Dr. F. R. Hagner read a paper in appreciation of Dr. Thompson as a Teacher.

Dr. J. R. Wellington read a paper analyzing Dr. Thompson as a Surgeon.

Dr. C. W. Franzoni read a personal appreciation of Dr. Thompson.

Dr. T. E. McArdle presented a paper on the Charity of Dr. Ford Thompson.

Dr. A. A. Snyder presented a personal tribute to Dr. Thompson's memory.

Dr. S. B. Muncaster made remarks expressing his admiration of Dr. Thompson's qualities.

Dr. G. M. Kober moved the adoption of the report of the Memorial Committee together with the resolutions contained therein.

Dr. Frank Leech seconded Dr. Kober's motion and offered as an amendment that the papers presented be printed in the ANNALS and copies sent to Dr. Thompson's family and to his nephew, Dr. Lawn Thompson.

The amended motion was adopted.

Wednesday, March 21.—President Cook presided; about 70 members present.

An appropriation of \$175.00 for the publication of the March number of the ANNALS and \$8.00 for expenses of the Corresponding Secretary was made.

The Corresponding Secretary reported that the joint meeting with the Baltimore City Medical Society was held March 16; that a most enjoyable program on Medical Preparedness was presented by Surgeon General Gorgas, Col. LaGarde and Maj. Noble, all of U. S. Army; but that only 51 members had attended. He expressed the hope that more enthusiasm would be displayed by the Society when it becomes necessary to entertain the Baltimore Society at its return visit.

Dr. J. B. Nichols, for the Centennial Celebration Committee, reported the following recommendation: That a special assessment of three dollars be levied on each member of the Society to defray the expenses of the centennial celebration, payable to the Treasurer of the Society before July 1, 1917; any surplus so raised to be deducted from the dues for 1918.

Dr. P. S. Roy submitted his report as Chairman of the Committee on Medical Work of the Inaugural Committee. The report was accepted with the thanks of the Society and it was ordered to be published in the ANNALS. See page 202.

The Treasurer stated that a number of members were still in arrears for dues. He was instructed to notify them that they would be dropped from the roll unless their dues are paid before the next stated meeting.

The Corresponding Secretary was directed to have placed on the weekly program cards as a continuing notice the dates and hours of lectures to be given at the Georgetown University Hospital and at the George Washington Medical School on the subject of military medicine.

Dr. Thomas Miller suggested the propriety of members parking their automobiles on the street in front of the meeting place in such a manner as to conserve space as much as possible.

Dr. E. Clarence Rice reported a case of Syphilitic, Myositis and presented the patient. Discussed by Dr. Dollman, Foley and Rice. See page 162

Dr. S. R. Karpeles reported a case of Post-operative hemorrhage following appendectomy. Discussed by Drs. W. P. Carr, I. S. Stone, and Chipman. See page 171.

Dr. Wm. A. Jack, Jr., reported a case of Psuedo-hypertrophic renal lipoma, presented the specimen and a pathologic report made by Dr. A. M. Macnamee. Dr. C. A. Pfender demonstrated X-ray plates showing calculi found in the specimen.

Dr. Virginius Dabney read the paper for the evening entitled: Some conditions leading to incorrect diagnosis of adenoids in

children. Discussed by Drs. Donnally, O. Wilkinson, Moser, Darnall, and Dabney. See page 165.

Wednesday, March 28.—President Cook presided; about 45 members present.

Dr. S. S. Adams, for the Memorial Committee, submitted a report and resolutions of respect to the memory of Dr. Hamilton Wright. Adopted. See page 198.

A letter from the Children's Bureau, U. S. Department of Labor, asking the Society's interest and support in holding Baby Week, May 1 to 6, was referred to the Executive Committee.

The Chair announced the death of Dr. Walter W. Wilkinson on March 22nd.

The recommendation of the Committee on Centennial Celebration that a special assessment of three dollars be levied on each member of the Society to defray the expenses of the centennial celebration, payable to the Treasurer of the Society before July 1, 1917; any surplus so raised to be deducted from the dues for 1918, was adopted.

Dr. A. W. Boswell, formerly Treasurer of the Finance Committee of the Committee on Centennial, announced that certain subscriptions received by him would be returned to the donors.

Dr. W. P. Carr presented a case of extensive burn of the face treated with ambrine. Discussed by Drs. Wolfe and Carr.

Dr. Oscar Wilkinson read the paper for the evening entitled: Two hundred tonsillectomies under local anesthesia. Discussed by Drs. C. W. Richardson, Rench, Jack, and Wilkinson. See page 190.

OFF DUTY.—A distinguished German scientist during his stay in the United States has been doing important laboratory work for the Department of Agriculture. One evening a friend dropped into the laboratory to find the Teuton bending over a spirit lamp on which a small pot bubbled.

"What is it to-night?" asked the caller.

"Guess," said the professor invitingly.

"Micrococci?"

"No."

"Sonococci?"

"No."

"Spirochaeta?"

"No."

The visitor ran the scale of microorganisms as well as he knew it, and then said: "I give it up. What is in the pot?"

"Sausages," replied the professor blandly.

—*Everybody's Magazine.*

WASHINGTON MEDICAL ANNALS.

Journal of the Medical Society of the District of Columbia.

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COMMITTEE ON PUBLICATION.

D. S. LAMB, A. M., M. D., LL. D., *Chairman and Editor*,

2114 Eighteenth St., N. W.

Associate Editors.

W. A. FRANKLAND, M. D.,	.	.	.	.	The Champlain.
F. W. BRADEN, M. D.,	.	.	.	.	628 East Capitol Street.
W. B. CARR, M. D.,	.	.	.	.	1418 L Street, N. W.
H. C. MACATEE, M. D.,	.	.	.	.	1478 Harvard Street, N. W.

Editorial.

HISTORY OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.—Price \$1.00, with 25 cents added if delivered in this city or sent by mail. Address Dr. C. W. Franzoni, 605 I Street, N. W. The books are in the custody of Dr. D. S. Lamb, at the Army Medical Museum.

THE WASHINGTON MEDICAL ANNALS.—Back numbers.—Members of the Society who have back numbers of the ANNALS, and do not intend to preserve them, are requested to send them to the Chairman of the Publication Committee. Requests for such numbers are frequently received.

NOTICE. DISCUSSIONS.—If corrections of discussions do not appear in the text, it is because they have not been received in time.

THE OTHER MEDICAL SOCIETIES OF THE DISTRICT OF COLUMBIA.

CASUALTY HOSPITAL MEDICAL SOCIETY—Meets on the first Friday in October, December, February and April. President, C. B. Conklin; vice president, L. R. Schreiber; secretary, S. B. Pole; treasurer, W. P. Wood. It is composed of the following members: C. S. White, J. R. Wellington, H. Warner, A. P. Tibbets, W. C. Sparks, J. I. Sloat, H. L. Shinn, J. D. Rogers, W. P. Reeves, A. E. Pagan, C. J. Murphy, J. J. Mundell, F. V. Meredith, E. M. Miller, J. C. Blackistone, N. P. Barnes, C. C. Marbury, J. J. Madigan, D. O. Leech, H. Jaeger, W. H. Huntington, R. M. LeComte, A. C. Gray, W. A. Frankland, R. F. Dunmire, F. Y. Donn, J. H. Diggs, G. C. Clark, S. Bricker, F. W. Braden, L. K. Beatty, F. V. Atkinson.

The object of the Society is to Promote the welfare of the Casualty Hospital and Eastern Dispensary.

CLINICAL SOCIETY.—Officers: H. H. Donnally, President; D. Webster Prentiss, Secretary and Treasurer; J. D. Thomas and L. A. Johnson, Censors. The Society meets the second Monday of each month. It has an active membership limited to twenty-five and an inactive membership of those who have finished a term of ten or more years of active membership.

CLINICO-PATHOLOGICAL SOCIETY.—Active membership limited to 25. Inactive membership: those who have withdrawn from active membership after fifteen years. A limited honorary membership of eminent medical men. Meets on the first and third Tuesdays of the month from October to May, inclusive. Officers: Loren B. T. Johnson, President; Thos. S. Lee, First Vice President; Jos. S. Wall, Second Vice President; H. H. Donnally, Secretary-Treasurer.

EMERGENCY HOSPITAL CLUB.—This club was organized early in 1915 by the members of the Staff of the Central Dispensary and Emergency Hospital. Meetings are held on the second Saturday of each month from September to May, inclusive; the officers are as follows—President, V. B. Jackson; Vice President, W. G. Young; Secretary-Treasurer, E. M. Ellison.

FREEDMEN'S HOSPITAL MEDICAL SOCIETY.—Meets on the second Wednesday of each month from October to May, inclusive. Composed of physicians connected with the Staff of the Hospital and the Medical Faculty of Howard Medical School. Collins Marshall, President; C. A. Brooks, Vice President; C. A. Allen, Secretary-Treasurer.

GALEN SOCIETY of the District of Columbia. Organized September, 1909.—E. C. Wilson, President; C. S. White, Vice President; E. W. Titus, Secretary-Treasurer. Membership limited to twenty-five. The Society meets on the first Monday after the third Sunday of each month from October to May inclusive.

GEORGETOWN CLINICAL SOCIETY; twenty-five active members, limited to graduates of the Medical Department of Georgetown University. Meets at the University Club on the third Tuesday in the month. John Foote, President; J. Russell Verbruycke, Jr., Treasurer.

GEORGETOWN UNIVERSITY MEDICAL SOCIETY.—Meets on the fourth Saturday of the month at the University Hospital. The membership consists of the Alumni, Faculty and Senior Students of the Medical School. J. A. Gannon, President; T. F. Lowe, Vice President; J. M. Moser, Secretary-Treasurer.

GEORGE WASHINGTON UNIVERSITY MEDICAL SOCIETY.—Organized 1905; membership limited to Alumni of School and

Members of the Faculty. Meets in the Medical Building on the third Saturday of each month from October to May. President, W. A. Frankland; Vice President, C. B. Conklin; Secretary, Thomas Miller, Jr.; President's Council, Truman Abbe, J. Lawn Thompson, John Van Rensselaer and E. P. Copeland. Active membership, 169.

HIPPOCRATES SOCIETY; membership limited to 25, with voluntary retired members after 10 years; meets on the second Thursday of the month from October to May. Officers for the year: J. R. Verbrycke, Jr., President; C. A. Simpson, Secretary.

MEDICAL HISTORY CLUB of Washington, D. C.—Officers: President, J. B. Nichols; Vice President, John Foote; Secretary, F. J. Stockman; Executive Committee, Frank Baker, F. H. Garrison, C. A. Pfender and the Officers. Members: Truman Abbe, Frank Baker, W. C. Borden, J. H. Bryan, G. Wythe Cook, John Foote, F. H. Garrison, Howard Hume, H. W. Lawson, W. J. Mallory, J. B. Nichols, C. A. Pfender, P. S. Roy, W. C. Rucker, F. J. Stockman, I. S. Stone, W. A. White.

MEDICAL AND SURGICAL SOCIETY of the District of Columbia.—President, E. P. Copeland; Vice President, H. H. Kerr; Secretary and Treasurer, L. Eliot; Asst. Secretary, J. H. Talbott; Executive Council, John Dunlop, H. P. Parker, H. G. Fuller, L. H. Reichelderfer and Eliot. The Society membership is limited to 25 active members; 10 honorary members; and inactive members, those who have completed a term of ten years service. The meetings are held on the first Thursday in each month from October to May.

SOCIETY OF MEDICAL JURISPRUDENCE, Washington, D. C.—President, Dr. D. P. Hickling; Vice President, J. M. Kenyon; Secretary-Treasurer, Spencer Gordon. Meets on the second Monday of each month from October to June at University Club. Has from forty to fifty members.

SOCIETY OF OPHTHALMOLOGISTS AND OTOLOGISTS, Washington, D. C., meets the third Friday of each month from October until May, inclusive. Officers: President, A. H. Kimball; Vice President, Mead Moore; Secy.-Treasurer, Carl Henning, The Rochambeau. Active members: A. B. Bennett, Jr., J. W. Burke, V. Dabney, W. T. Davis, L. S. Greene, C. M. Hammett, Carl Henning, W. H. Huntington, E. B. Jones, A. H. Kimball, R. S. Lamb, F. B. Loring, O. A. M. McKimmie, W. B. Mason, M. E. Miller, Mead Moore, S. B. Muncaster, W. S. Newell, J. J. Richardson, G. S. Saffold, E. G. Seibert, E. A. Taylor, R. R. Walker, W. A. Wells. Inactive members: J. H. Bryan, W. K. Butler, Wm. H. Fox, W. P. Malone, H. A. Polkinhorn, C. W. Richardson, D. K. Shute, W. H. Wilmer. Associate Member: T. C. Lyster, U. S. Army.

SOCIETY OF MENTAL HYGIENE, District of Columbia.—President, Gen. Rupert Blue; Vice President, Cuno H. Rudolph; Treasurer, Miss Nellie Sedgley; Dr. Wm. A. White, Chairman Executive Committee; Dr. D. Percy Hickling, Secretary. Chief objects of the committee: To work for the conservation of mental health; for the prevention of mental disease and mental deficiency and for the improvement in the care and treatment of those suffering from nervous or mental diseases or mental deficiency.

SOCIETY OF SOCIAL HYGIENE, Washington, D. C.—President, Dr. Charles F. Stokes, U. S. Navy; Secretary, Lt. Col. J. R. Kean, U. S. Army, Surgeon General's Office. The Society has four committees, namely: Education, Venereal Diseases, Protection of Women and Children, and Psychopathology. Yearly dues, \$1.00. Persons desiring to become members should address Col. Kean and state to which committee they wish to be assigned.

THERAPEUTIC SOCIETY of the District of Columbia.—Meets at the G. W. School of Pharmacy, 808 I Street, N. W., on the first Saturday in each month. E. W. Burch President; A. P. Tibbets, Secretary.

WALTER REED MEDICAL SOCIETY meets on the fourth Thursday of every other month, from September to May inclusive. Composed of physicians located in the eastern part of Washington. J. S. Arnold, President; H. R. Schreiber, Vice President; M. H. Prosperi, Secretary; N. E. Webb, Treasurer.

WASHINGTON MEDICAL AND SURGICAL SOCIETY.—President, ————; Vice President, R. R. Walker; Secretary, Walter Van Sweringen; Treasurer, F. E. Gibson; Curator and Librarian, E. H. Egbert; Executive Committee: L. H. Taylor, Chairman, G. S. Clark, G. S. Barnhart; Program and Auditing Committee: Wm. A. Jack, Jr., Chairman, J. R. Nevitt, Walter Van Sweringen; Membership Committee: F. E. Gibson, Chairman, Wm. P. Reeves, Caryl Burbank.

WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY.—President, J. F. Moran; Vice Presidents, G. B. Miller, Prentiss Willson; Secretary, Truman Abbe; Treasurer, D. W. Prentiss. Retired members—G. N. Acker, S. S. Adams, E. A. Balloch, J. W. Bovée, W. S. Bowen, W. P. Carr, G. Wythe Cook, M. F. Cuthbert, H. D. Fry, J. T. Johnson, D. G. Lewis, A. R. Shands, E. E. Morse, Elmer Sothoron, John Van Rensselaer.

WASHINGTON PSYCHOANALYTIC SOCIETY.—Meets the second Saturday of each month, from October to May, inclusive. Membership limited to 25. D. Percy Hickling, President; Alfred Glascock, Vice President; A. A. Wilson, Secretary.

WASHINGTON SOCIETY OF NERVOUS AND MENTAL DISEASES.—President, W. M. Barton; Vice President, Edward Kempf; Secretary-Treasurer, J. J. Madigan. Program Committee; John Lind, Carl Henning and J. J. Madigan. The Society has a limited membership of thirty, but welcomes Physicians and Surgeons interested in Neurology and Psychiatry. Meets monthly on the third Thursday at the Cosmos Club or a member's residence.

THE WASHINGTON SURGICAL SOCIETY.—Meets at 1621 Conn. Ave. the third Friday of the month at 8 P. M. The officers are H. A. Fowler, President; D. W. Prentiss and Walter Webb, Vice Presidents; H. G. Fuller, Secretary, and J. A. Gannon, Treasurer. Members of Council, H. D. Fry, J. F. Moran and the officers.

WOMEN'S MEDICAL SOCIETY of the District of Columbia.—President, Mary O'Malley; Vice President, Amy J. Rule; Secretary and Treasurer, Lauretta E. Kress; Corresponding Secretary, Edith Se Ville Coale

THE SECRETARIES of the other Medical Societies of this District are reminded that the ANNALS will publish the schedules of their meetings.

AMENDMENTS TO THE CONSTITUTION AND BY-LAWS.—The following amendments have been made since the publication in Volume XII, March, 1913.

Constitution.—Article V, Section 4, adopted Nov. 4, 1914: before the words "Due notice" on page 142, insert "No application for membership that is rejected or withdrawn shall be renewed until after two years from the time of its rejection or withdrawal."

Section 10, same article; adopted Jan. 7, 1914: for "two years" substitute "one year." At the end of the section, add the words "Members so dropped may, after report by the Committee of Censors, be reinstated by the Society upon the payment of arrears in dues." Adopted March 1, 1916.

Section 13, same article; adopted March 7, 1917. Strike out the words: "and members of the dental, pharmaceutical and veterinary professions."

Section 14, same article. For the words "any three members" substitute "the Executive Committee." Adopted January 3, 1917.

Article VI, Section 5, adopted Jan. 6, 1915: in the last line, for "two" substitute "three."

Article VIII, Section 2, page 148, 4th line from top: for the word "disorders" substitute the word "diseases."

Article IX, Section 2, first line, for the word "four" substitute "five." Adopted March 1, 1916.

By-Laws.—Article VIII, Section 9, page 153, adopted Jan. 7,

1914: No member of the Staff of any hospital receiving patients in private rooms shall attend such private patient sent to the hospital by a member of the Society, not a member of the Staff, unless specifically requested to do so by the attending physician.

Please note that the figures in Sections 7 and 8 of this article, instead of being 7 and 8 should be 5 and 6.

SOME SPECIAL COMMITTEES OF THE SOCIETY:

On First Aid Conference.—Drs. C. S. White, H. H. Kerr and W. P. Reeves.

On Regulation for Control of Contagious Diseases.—Drs. Frank Leech, H. H. Donnally, S. S. Adams, W. C. Woodward, N. P. Barnes, J. S. Wall and L. B. T. Johnson.

On Meeting Place of Society.—Drs. G. Wythe Cook, A. B. Hooe, A. R. Shands and J. D. Thomas.

On American Red Cross.—Drs. L. H. Reichelderfer and L. B. T. Johnson

Memorial Committees.—On the death of Dr. E. F. King: Drs. Marshall, H. A. Fowler and Malone. On the death of Dr. Woodman: Drs. Clark, Kerr and Jaeger. On the death of Dr. J. H. Ramsburgh: Drs. C. C. Marbury, Gwynn and Selby.

Committee on Building.—Dr. E. Y. Davidson, chairman; Drs. W. H. Atkinson, W. M. Barton, J. Rosier Biggs, A. W. Boswell, W. P. Carr, H. A. Fowler, A. Frances Foye, J. A. Gannon, W. C. Gwynn, F. R. Hagner, H. H. Hazen, C. W. Hyde, V. B. Jackson, L. B. T. Johnson, L. A. Johnson, S. R. Karpeles, H. H. Kerr, Frank Leech, D. Olin Leech, H. C. Macatee, Louis Mackall, T. N. McLaughlin, C. C. Marbury, W. Gerry Morgan, J. J. Mundell, J. B. Nichols, C. W. Richardson, J. D. Rogers, P. S. Roy, E. G. Seibert, A. C. Stanley, J. A. Talbott, L. H. Taylor, J. Lawn Thompson, Ada R. Thomas, J. D. Thomas, C. S. White, Prentiss Willson.

Committee on Attendance.—Drs. A. W. Boswell, W. M. Barton, A. J. Carrico, J. A. Gannon, C. W. Hyde, S. S. Adams, C. A. Simpson, J. Lawn Thompson, E. Y. Davidson, H. T. A. Lemon.

State committees on Medical Preparedness and State Committee on Red Cross Medical Service, representing also the Medical Society. *On Medical Preparedness:* Drs. G. T. Vaughan, G. Wythe Cook, H. C. Macatee, J. W. Bovee, S. S. Adams, J. J. Richardson, J. F. Mitchell, I. S. Stone, W. H. Wilmer. *On Red Cross Medical Service:* Drs. G. T. Vaughan, E. Y. Davidson, H. C. Macatee, J. W. Bovee, J. F. Mitchell, I. S. Stone, W. H. Wilmer, B. L. Hardin, W. F. M. Sowers.

Centennial Committee.—Dr. Nichols, Chairman; Drs. E. Y. Davidson, D. S. Lamb, G. Wythe Cook, Roy, W. P. Carr, Kober, Boswell, Tayler-Jones, Macatee, S. S. Adams, C. W. Richardson, A. B. Hooe, J. D. Thomas and Frank Hagner.

Committee on Cancer.—Drs. Karpeles, Frank Hagner, Balloch, W. C. Borden, W. P. Carr, Vaughan, J. F. Mitchell, Sprigg, C. W. Richardson, Gannon and Abbe.

Committee on Control of the Tuberculous: Drs. Frank Leech, Wall, G. Wythe Cook, Roy, J. Lawn Thompson, Nichols and Barton.

Committee on Necrology: Drs. I. S. Stone, M. F. Thompson, R. C. Ruedy, J. A. Stoutenburgh and J. W. Chappell.

Committee on Medical Practice Act, to confer with Board of Medical Supervisors and a committee of the Homoeopathic Medical Society: L. B. T. Johnson, P. S. Roy and W. C. Borden.

Federated Committee, to cooperate with representatives of the other medical societies of the District of Columbia. Ten members, to be appointed.

CENTENNIAL CELEBRATION.—October 17, 1917, has been selected as the day on which the Medical Society of the District of Columbia will celebrate the One Hundredth Anniversary of its birth. An elaborate literary program and banquet with prominent speakers and visitors from all parts of the country are features of the proposed celebration.

It is sincerely hoped that every member of this Society will become interested and do his part towards making this celebration a great success.

"MEDICAL AMENITIES.—Among the most pleasant incidents of professional life in Baltimore that have occurred recently was the joint meeting of the District of Columbia Medical Society and the Baltimore City Medical Society that was held on March 16. The program was furnished by our friends from Washington, and was largely of a military character. Major General Gorgas and others, including President Goodnow, addressed the very large audience in an instructive manner, after which an excellent luncheon was served by the city society. Last year these societies exchanged visits, and we believe each was the recipient of much appreciated hospitality. The recent visit of the District Society adds another link to the bonds of good will and friendship that bind the two cities together. In the near future the Baltimore Society will return the visit, and it is hoped and expected that a large delegation will make the trip." From the *Maryland Medical Journal*, April, page 103.

BLINDNESS IN THE UNITED STATES.—The Bureau of the Census has issued a bulletin on this subject. Of the total blind persons in the United States, 57,272, in 1910, 6.6 per cent. were born blind and 5 per cent. became blind under one year old. There is a relative increase in occupational blindness.

The Municipal Library wants to get a copy of the *ANNALS* of January, 1907; has any member a copy to spare?

ALIENISTS AND NEUROLOGISTS.—The annual meeting of this Society will be held at the Hotel LaSalle, Chicago, July 10–12. The Society has no membership fee. The meeting is under the auspices of the Chicago Medical Society. For further information address Dr. Bayard Holmes, 30 North Michigan Avenue, Chicago.

AMERICAN PEDIATRIC SOCIETY.—29th annual meeting at the Greenbrier White Sulphur Springs, West Virginia, May 28–30, 1917. Dr. H. C. Carpenter, of Philadelphia, is the Secretary.

AMERICAN MEDICAL EDITORS' ASSOCIATION.—Annual meeting June 4 and 5 at the McAlpine Hotel, New York City. President, Dr. G. M. Piersol, of Philadelphia, *American Journal Medical Sciences*; Secretary-Treasurer, Dr. J. MacDonald, New York City, *American Journal Surgery*.

NATIONAL BOARD OF MEDICAL EXAMINERS.—The second examination by the National Board of Medical Examiners will be held in Washington, D. C., June 13, 1917, and will last about one week. The following States recognize the certificate of the National Board: Colorado, Delaware, Idaho, Iowa, Kentucky, Maryland, New Hampshire, North Carolina, North Dakota and Pennsylvania. Favorable legislation is now pending in twelve of the remaining States. A successful applicant may enter the Reserve Corps of either the Army or the Navy without further professional examination, if the examination papers are satisfactory to a Board of Examiners of these Services. The certificate of the National Board will be accepted as qualification for admittance into the Graduate School of the University of Minnesota, including the Mayo Foundation. Application blanks and further information may be obtained from the Secretary, Dr. J. S. Rodman, 2106 Walnut Street, Philadelphia.

PRIZES.—The American Academy of Medicine announces two prizes as follows:

1st. For 1918, \$100.00. "The principles governing the physician's compensation in the various forms of social insurance."

2d. For 1921, \$250.00. "What effect has child labor on the growth of the body?"

For further information address Dr. T. W. Grayson, Secretary, 1101 Westinghouse Building, Pittsburgh, Pa.

DR. FRANZ A. R. JUNG OF THIS SOCIETY, Physician-in-chief of the American Red Cross Hospital, Munich, Germany, in a letter of August 22, 1916, to Colonel J. R. Kean, M. C., U. S. A., Director General of Military Relief, National Red Cross, says: "When a few days ago the generous gift of \$1,000 from Red Cross Headquarters was transmitted to our hospital through the

Embassy, we felt duly grateful, but had it been a box of good American adhesive plaster or even a box of soap, it would have been more keenly appreciated.

"Owing to the lack of raw materials it seems that adhesive plaster, which really sticks, cannot be manufactured. Consequently the wounded arrive from the front in a sad condition, with the dressings loosened, causing friction, pain and often dangerous secondary hemorrhage.

"The supply of soap, owing to lack of fats, is nearly exhausted. The amount assigned to the hospital does not suffice. It is very difficult for the surgeon's hands, or the wounds to be cleansed with a cake of potter's clay, which is the substitute for soap now in use.

"What we need is adhesive plaster, soap, gauze, roller bandages, cotton, balsam of Peru, Cascara sagrada, and some kind of oil or fat for massaging stiff joints." From *The Military Surgeon*, November, 1916, page 571.

REVIEW.

THE NEWER METHODS OF BLOOD AND URINE CHEMISTRY. By R. B. H. GRADWOHL, M. D., and A. J. BLAIVAS. 240 pages, 65 illustrations, and 4 color plates. Saint Louis, C. V. MOSBY COMPANY, 1917. Price, \$2.50. In the past few years numerous new methods for the quantitative determination of various constituents of the blood and urine have been devised, more accurate or simple than those previously in use, or applicable to substances previously not subjected to analysis for clinical purposes. The clinical chemistry of the blood, in particular, has recently assumed considerable importance in diagnosis. The detailed descriptions of these various procedures have been scattered about in the periodical literature, and a compilation of them in a single volume has been a desideratum. This volume affords such a presentation of these procedures in full and clear form, and is a convenient and valuable working manual for the laboratory worker. A presentation of the significance and interpretation of the chemical blood findings is also included, of value to the internist. The work can be highly commended as a needed and valuable contribution in its special and important field.—J. B. NICHOLS.

HANDBOOK OF SUGGESTIVE THERAPEUTICS, APPLIED HYPNOTISM, AND PSYCHIC SCIENCE. A Manual of Practical Psychotherapy, Designed Especially for the Practitioner of Medicine, Surgery, and Dentistry, by HENRY S. MUNRO, M. D., Omaha, Neb. Fourth Edition, Revised and Enlarged. Published by C. V. MOSBY COMPANY. Price, \$5.00.—This book is designed to present the practical as well as the scientific side of psycho-

therapy. References used in its compilation are from the writings of such men as Babinsky, Beumont, Bernheim, Freud, Gerish, Hammond, Harvey, Jenner, Jeung, Keely, C. H. and W. J. Mayo, Metchnikoff, Münsterberg, Morton, Prince, Boris Sidis, and other well-known writers. The author deals with his subject in the following manner: The relation of psychotherapy to the general practice of medicine and surgery; the scientific basis of psychotherapy; hypnotism demonstrated; psychotherapeutic value of suggestion; hypnotism therapeutically applied, citing numerous cases; rational therapeutics in every-day practice, also with case references; suggestion as an adjunct in administering anesthetics; psychotherapy in relation to the expectant mother; the sexual instinct; psychoanalysis in the treatment of the psychoneuroses; training the subconscious self; correct diagnosis a safeguard against blunders; philosophy and religion, their relation to health; moral stamina, a therapeutic power; self mastery as a fine art; suggestion in dentistry; etc., etc. Dr. Munro is extremely enthusiastic on the subject and in consequence thereof he has made the book interesting reading, indicating that he has an honest conviction of every thought he has presented. The work is a creditable one and worthy of consideration of all interested in psychic phenomena.—F. W. BRADEN.

TRANSACTIONS OF THE AMERICAN PEDIATRIC SOCIETY, Twenty-eighth Session, Edited by LINNAEUS EDWARD LAFETRA, M. D.—This volume of proceedings contains the papers presented at the annual meeting of the society which took place in Washington, May 8-9-10, 1916.

Dr. Rowland G. Freeman contributes as his presidential address an excellent criticism of the value and utility of fresh air in pediatric practice. As a corollary to this paper appears one by Frederick S. Lee containing the results of experiments relating to the physiologic action of atmospheric conditions.

Alfred F. Hess contributes the results of further studies in infantile scurvy, again pointing out his observations on cases of mild and obscure scurvy, especially that following the use of commercially pasteurized milk, and concludes that the latter can be classed as an "incomplete food." He does not maintain that pasteurized milk is not of advantage, but on the contrary believes it to be distinctly of advantage in reducing infant morbidity and mortality. He contends that scurvy can be easily prevented by the use of orange juice, orange peel and potato water.

The volume contains a lengthy report of a committee formed to investigate the occurrence and control of vulvo-vaginitis in infancy. This report advises careful examination of candidates

for admission to all hospitals and institutions and the absolute isolation of such cases when they occur. The disappointing results of treatment, especially vaccine therapy, are admitted.

LaFetra contributes an excellent paper on the care of premature infants. Cowie, Shaw and Youland discuss the results obtained by systematic use of the Schick test. They report also upon the success of immunity conferred by repeated inoculations with diphtheria toxin-antitoxin mixtures.

A valuable article on pyelitis with especial reference to the etiology of the disease is submitted by Richard M. Smith, who points out the growing tendency to regard pyelitis as the result of hematogenous or lymphogenous infection.—JOSEPH S. WALL.

RECENT PUBLICATIONS OF PHYSICIANS OF THE DISTRICT OF COLUMBIA.

- W. M. Clark and H. A. Lubs; Colorimetric determination of hydrogen ion concentration and its applications in bacteriology; *Jour. Bacter.*, March, 109.
- A. C. Evans; Large numbers of *Bact. abortus*, var. *Lipolyticus* in milk; *ibid*, 185.
- T. M. Foley; Analysis of 75 cases of tuberculosis of spine in the adult; *Amer. Jour. Orthoped. Surgery*, March, 208.
- J. Foote; Chronic duodenal indigestion in children; *Internat. Clinic*, December; abstract in U. S. Naval Med. Bull., April, 240, in *St. Paul Med. Jour.*, March, 99, in *West. Med. Times*, March, 388, and *Kentucky Med. Jour.*, May, 202.
- F. H. Garrison; Sir. Thomas Lauder Brunton; an apostle of preparedness; *Military Surg.*, April, 369.
- J. D. Gatewood, U. S. Navy; The private journal of Dr. J. M. Ambler, Medical Officer Arctic Exploring Steamer *Jeanette*; U. S. Naval Med. Bull., April, 183.
- Joseph Goldberger, P. H. S.; The transmissibility of pellagra; *South. Med. Jour.*, April, 277.
- H. H. Hazen; Basal celled cancer of skin; same journal, March, 241.
- R. C. Holcomb, U. S. Navy; The navy and its relation to the medical profession in time of war; *Jour. A. M. A.*, April 14, 1095. Also, Medical Corps of Navy; *N. Y. Med. Jour.*, March 17, 481.
- G. M. Kober and W. C. Hanson; Diseases of occupation and vocational hygiene; *Review in Science*, March 16, 260, and *Amer. Jour. Surgery*, March, 95.
- L. A. LaGarde, U. S. A.; Gunshot wounds; 2d edition; 457 pages, 159 illustrations. *Review in Jour. A. M. A.*, March 17, 869.

- M. W. Lyon, Jr.; A viable ten-year-old culture of bacillus paratyphosus B; *Science*, April 27, 408.
- A. G. Mayer; Nerve conduction in *Cassiopea*; *Amer. Jour. Physiol.*, February, 469.
- R. A. Noble, U. S. A.; The medical corps of the Army as a career; *Jour. A. M. A.*, March 31, 955.
- J. K. Phelps and H. E. Palmer; Separation and estimation of butyric acid in biologic products; *Jour. Biol. Chem.*, March, 199.
- B. M. Randolph, Clinical observations in so-called grippe; *N. Y. Med. Jour.*, Feb. 17, 292.
- M. A. Reasoner, U. S. A.; The effect of soap on *treponema pallidum*; *Jour. A. M. A.*, March 31, 973.
- E. H. Reede; New status of exophthalmic goiter; *Med. Record*, N. Y., March 17, 450.
- M. H. Rogers and T. M. Foley; Analysis of 75 cases of tuberculosis of spine in adults; *Amer. Jour. Orthop. Surgery*, March, 208.
- G. B. Roth, P. H. S.; Pituitary standardization and pharmacological studies with cocain and novocain; *Bull.* 109, December, 1916.
- P. S. Roy; Dilation of right ventricle without dilation of left; causes and symptoms; *Va. Med. Semi-Mo.*, March 9, 579.
- W. C. Rucker, P. H. S.; Program of public health for cities; *Amer. Jour. Pub. Hlth.*, March, 215.
- A. Seidell, P. H. S.; Vitamin content of brewers' yeast; *Jour Biol. Chem.*, March, 145; abstract in *Jour. A. M. A.*, April 7, 1064.
- C. A. Simpson; Roentgen therapy of exophthalmic goiter and hyperthyroidism; *WASH. MED. ANNALS*, March, 92; abstract in *Jour. A. M. A.*, April 14, 1146.
- W. D. Tewksbury; Acute pulmonary abscess treated with artificial pneumothorax; *Jour. A. M. A.*, March 10, 770.
- J. W. Trask; Climate and tuberculosis; Reprint 387 Pub. Hlth Reports, Feb. 23.
- J. R. Verbrycke, Jr.; Chronic appendicitis mistakes; *Med. Record*, N. Y., March 17, 455.
- B. S. Warren; Health insurance; its relation to the medical profession; *South. Med. Jour.*, March, 222.
- T. A. Williams; Endocrine neurasthenia; *Med. Record*, N. Y., April 14, 623.
- C. S. White; Closing skin in abdominal incisions; *Surg. Gyntec. and Obstet.*, March, 373; abstract in *Jour. A. M. A.*, March 17, 879. Also, Diagnosis of cancer of breast; *Va. Med. Semi-Mo.*, Jan. 12, 472; abstract in *South. Med. Jour.*, March, 261.

PERSONAL NOTES.

Mrs. Mathilde Behrend, wife of Dr. A. Behrend of this Society, died April 7.

Dr. L. A. LaGarde, Jr., M. R. C., U. S. A., was married February 26 to Miss Alice Eugenia Hale of this city.

Mrs. Mary E. Mudd, wife of Dr. Thos. D. Mudd of this Society, died April 9.

Mrs. Louisa Mundell, widow of the late Dr. J. H. Mundell, died at Annapolis, Md., April 7.

Dr. T. A. Williams was elected a member of the Council of the Southern Society of Philosophy and Psychiatry, April 12, at the 12th annual meeting at Randolph-Macon College, Lynchburgh, Va.

Memorial Meeting of the Medical Society of the District of Columbia

to

Doctor Joseph Ford Thompson

March 14, 1917.

DR. G. WYTHE COOK, the President of the Society, said :

We are assembled to pay a tribute of respect to the memory of our late associate Dr. Joseph Ford Thompson who, after a protracted illness, died February 1st just past, in the eightieth year of his age.

Dr. Thompson was the most distinguished surgeon we had in our midst during his active career, and I do not know that we ever had one who was his superior.

He was a good diagnostician and skillful operator. He was always abreast with the most modern theory and practice. I recall most vividly how he seemed to fill the air with carbolic spray as he vehemently discoursed on aseptic surgery.

Dr. Thompson was a man of splendid physique—tall and well proportioned—always faultlessly apparelled and of such striking appearance as would command attention in any assemblage.

He was endowed with those qualities that make success certain. He had an alert mind, good judgment, and was possessed of abounding enthusiasm. He was a good student, and was not only well versed in his profession, but was familiar with the best literature of the day.

He was a fluent speaker, and nothing pleased him better than being engaged in a hot debate unless it might be some difficult surgical operation. He was an efficient teacher, being sufficiently dogmatic to make a firm and lasting impression.

While Dr. Thompson was a graceful and impressive speaker and forceful writer he did not contribute as much to the literature of the profession as his large experience and abundant opportunities for observation would have justified.

He was an *unmixed* surgeon, being indifferent to the use of drugs. If any of his patients in the hospital needed "building up," before or after operation, he preferred to turn them over to the medical side for such treatment as might be necessary.

During his last illness I was the bearer to him of a message of sympathy from this Society. He was deeply moved by the courtesy and expressed his regret that his long illness had made it impossible for him to participate in the work of the Society.

It was really pathetic to see this once splendid specimen of manhood so emaciated and enfeebled by protracted disease.

Though his body was weak his mind was alert, and the glint in his eye reminded me of the days that were.

This Society owes him a great debt of gratitude for the active part he took in establishing the weekly meetings of the Society. I believe it was he and the late Dr. Louis Mackall, Jr., who were especially instrumental in bringing them about. It is easy to believe that Dr. Thompson contributed his full share to the discussions that made those meetings most interesting and profitable.

Dr. Thompson, by reason of advancing years and protracted ill health, had not attended the Society of late, but those of you who were accustomed to be present at the meetings a few years ago could not fail to recognize in him a man of fine attainments, a skillful surgeon and a forceful debater. We have, and have had, many able medical men among us, but none more brilliant than J. Ford Thompson.

REPORT OF THE COMMITTEE ON MEMORIAL, BY SAMUEL S.
ADAMS, M. D.

Ladies and Gentlemen:

The committee has accorded me the privilege of presenting the report on one for whom my admiration dates back to the days when, as a student, I followed him through the wards of Providence Hospital, and whose friendship I enjoyed thereafter for thirty-two years.

Tonight we pay just tribute to the memory of Joseph Ford Thompson, M. D., a member of this Society for fifty-three years. It would be impossible to give in detail the valuable services he rendered to this body during five decades, hence the committee must be content to do little more than enumerate a few of his activities lest it infringe on the special subjects assigned.

July 4, 1864, he was elected to membership with Drs. Thomas C. Smith, Louis W. Ritchie, Seth Jewett Todd, A. F. A. King, John S. Chapman and Samuel W. Bogan, Smith and King being his prominent contemporaries for fifty years.

He began his literary work November 15, 1864, by reading a paper on syphilis, in which he pointed out the difference between the chancre and chancroid, then a mooted question; September 30, 1865, he presented two cases of fracture of the skull; and March 21, 1866, a specimen of thickened and contracted bladder. From this time until his retirement in 1907 the Transactions are replete with papers, cases and pathological specimens presented by him. At the 75th Anniversary of this Society, February 16, 1894, he delivered one of the addresses, the subject being, "The History of the Hospitals of the District of Columbia."

As an officer he performed his duty on the Board of Examiners (1866-69); Committee on Essays (1867-68); Board of Censors (1870-71); Vice President (1873); and President in

1878. During fifty years of active service his name appears on every important committee; and almost without exception in discussions of surgical subjects, upon which he was a ready extemporaneous debater, seldom, however, engaging in other discussions unless they pertained to civic public health. He knew the surgical literature of Europe as well as that of his own country, and never failed to recite the very latest opinion on the subject at hand. He was correct in speech, clear in diction, convincing in argument, and unyielding in opinion. If he thought an opponent was juggling statistics or padding his paper he was outspoken, incisive and sarcastic. After the meeting, when his attention was called to the fact that he had offended a member, his beautiful character asserted itself and he was ready to make amends.

March 2, 1907, his seventieth birthday and the fiftieth year of his professional career, this Society gave him a complimentary dinner.

Here his characteristic speech made it hard to realize that age and ill-health had forced him to lay down the scalpel. He made an eloquent plea for the maintenance of professional modesty and decried the self-assurance which enabled many of the younger men to perform capital operations as soon as the diploma was in hand. His habit was always to make careful preparation for any new operation by study, thought and practice on the cadaver, and he entreated the young doctor to attain his surgical skill in the same way, abandoning what he considered "*surgical gall*."

It must be obvious that he occupied a unique position in this scientific body.

Look at this picture (photograph exhibited), and you can imagine his manly form, dignified, faultlessly attired, as he walked into the meeting every Wednesday evening through all these years. He was foremost in its battles, rejoiced in its victories and was charitable to its would-be disorganizers.

A few years ago when an attempt was made to destroy the identity of this body by a few well-meaning but misguided members who neither cherished its traditions nor valued the sentiments so devoutly preserved by its veteran sons, it was suggested that if Dr. J. Ford Thompson could be induced to speak he might direct the votes of many of the younger men who were pledged to demolition. When approached he declined to act, but when it was pointed out that the Society was in danger of abolishment and that his assistance was imperative he consented to speak.

Most of us will long remember that memorable night. Apparently convincing arguments had aroused the enthusiasm of the large number of supporters of the resolution to disband when the majestic figure with weak and hesitating gait, stepped in front of this desk amid a round of applause that shook the hall.

His voice quivered, his hand trembled, and the tears ran down his pallid face as he recalled the happy days he had spent in this body. The young men could not appreciate how dearly he loved it; how he had seen it struggle with its enemies, inside and outside, through the unsettled days of the sixties and seventies; and how he had lived to see it become one of the most active of medical societies. A large proportion of members present had been his pupils, to whom, with great force he declared that if he had succeeded as a teacher his inspiration had been received in this Society. He pleaded with them to let him continue to enjoy its meetings the few remaining years of his life, and, finally, in a burst of eloquence said: "I hope this resolution, together with its originators, will be buried so deeply that it will never rise to earth again!"

He turned the tide, and tonight we lift our voices in tribute to the man who thus made it possible for us to celebrate, in October, 1917, the one hundredth Anniversary of the Medical Society of the District of Columbia.

WHEREAS: The Medical Society of the District of Columbia has lost one of its most honored and useful members in the death of our colleague, Dr. J. Ford Thompson, who for 53 years took a commanding position in the work and interests of the Society and in the general progress of medicine,

Therefore, be it resolved: 1st. That we acknowledge with grateful appreciation the active interest manifested by Dr. Thompson in the Society's work throughout the many years of his active professional life;

2d. That we accord to him a high place among those eminent men who have done their best for the profession of medicine in the Nation's Capital;

3d. That we gratefully acknowledge and justly accord him the position of honor as the most eminent surgeon of his time in our midst; and

4th. That while we were favored by his presence and stimulated by his example during many years of association in the Society's activities, and shall long continue the remembrance of his illuminating and eloquent discussions, we nevertheless shall feel a sense of regret that his place can never be filled; that an influence and a personality such as his can rarely if ever again be known among us.

SAMUEL S. ADAMS,
I. S. STONE,
JOHN R. WELLINGTON,
Committee.

DR. D. S. LAMB read the following biographical sketch:

Doctor Joseph Ford Thompson was born March 20, 1837, about two miles from Leonardtown, St. Mary's County, Md. He

was of Scotch-Irish descent. His parents were Charles and Ann Eliza Yates Thompson.

He was educated in the public and private schools of the county and at the Rittenhouse Academy, Washington, D. C., coming here for the purpose in 1854.

In 1857 he graduated in medicine at the University of Maryland. He practiced in Washington in partnership for a while with Dr. M. V. B. Bogan; afterwards by himself. In 1907 he retired from practice.

In 1860 he married Marion Virginia Grieves, of Washington. There are three children, Mr. Joseph Ford Thompson, Mrs. R. I. Waddell of Westchester, Pa., and Mrs. M. V. McArdle, wife of Dr. Thomas E. McArdle, of this city and this Society. Dr. Thompson had a brother, Dr. Benedict Thompson, who was also a member of this Society, and who had a son, Dr. J. Lawn Thompson, also of the Society.

In June, 1862, Dr. Ford Thompson was appointed an Acting Assistant Surgeon, U. S. Army, and remained in the military service until August, 1865. He served at first at the Ascension Church Hospital for several months; this hospital included the Church of the Ascension, then on H between 9th and 10th, the 9th Street Presbyterian Church, between G and H, and the 8th Street Methodist Church, the site of the present synagogue. During this time for about one week, he served in the Army of the Potomac. He then was transferred to the Aloysius Hospital, where he remained about six months. Thence he went to Armory Square Hospital and, a few months later, to Judiciary Square Hospital. In January, 1865, he was transferred to Wisewell Barracks, and remained there until his contract was annulled. His over three years' service in these military hospitals doubtless confirmed in him what already was a predisposition to engage mostly in surgical work.

He joined the Medical Society July 4, 1864, at the same meeting at which Drs. T. C. Smith, L. W. Ritchie, S. J. Todd, A. F. A. King and S. W. Bogan also joined. All these except Dr. Bogan are dead. Dr. Thompson was Vice President of the Society in 1873-4 and President in 1878. He attended very regularly the meetings of the Society and generally took part in discussion both as to matters of business and the scientific work. His manner was earnest to the point of emphasis; he was a ready speaker. He presented a large number of cases and specimens for the consideration of the Society; time and space forbid to attempt to enumerate them; they were mostly surgical. I may mention the first and last; the first was reported September 30, 1865; two cases of fracture of skull. This appears from the record to have been actually the third report of cases to the Society in nearly fifty years. The last case presented was May 24, 1905; excision of hip for hipjoint disease.

He rarely read a formal paper. He could and did usually treat his subject extemporaneously. It seemed irksome for him to undertake to write out what he wanted to say or had said. This negative quality is illustrated also by the fact that it was almost impossible to get him to write out or even give the material for a biographical sketch. I know of only three sketches—two very brief ones, one in the History of the University of Maryland, from which he had graduated, and one in Atkinson's Biographies of Physicians and Surgeons of the United States. The third, which is fuller, was obtained by me for the History of the Medical Society. The only way that I succeeded in getting it was by making a call on him and noting down what he would tell me.

The first paper recorded as having been read by him was on Syphilis, November 15, 1864, only a few months after he joined the Society. Whether it was a *written* paper we never will know. His second paper, also on Syphilis, was read, or rather talked, March 26, 1873. There is a brief record of what he said. October 24, 1882, he gave his reminiscences of a sojourn in Europe which, of course, must have been interesting, but there is not a word on record of what he said. April 16, 1884, he is recorded as having read a paper on Cancer of the Breast and, April 15, 1885, one on Herniotomy. June 20, 1900, a paper on Tuberculosis of Bone. The next, and last, paper was April 15, 1903, on Cholelithiasis.

Besides these papers he took part in some memorials; November 2, 1898, he made an address at the memorial to Dr. N. S. Lincoln; and October 22, 1913, at the memorial meeting to Dr. T. C. Smith. This was the last time that he took any part in the meetings of the Society. His tributes to both men, but particularly to Dr. Smith, were quite characteristic.

The last time that he took part in the scientific discussions was March 30, 1910; a paper on Bone Grafting and Osteoplasty by Dr. E. P. Magruder.

At the celebration of the 75th anniversary of the Society, February 16, 1894, he made one of the formal addresses, namely, "History of the Hospitals in the District of Columbia." January 12, 1910, he gave reminiscences of his student and professional life, of which, unfortunately, there is not a word on record. March 7, 1907, the Society gave him a dinner, to celebrate the 70th anniversary of his birth and 50th year of graduation, in medicine. It would be of great interest to say more about some of these meetings but time does not permit.

In 1906 his health failed, and he went abroad in October. While in London his condition became critical and he underwent an operation; the eminent surgeon, Mayo Robson, did a gastro-enterostomy. At a meeting of this Society Nov. 14, 1906,

Dr. S. S. Adams reported Dr. Thompson's condition to the Society and the Corresponding Secretary was instructed to send to him a cable message expressing the earnest hope of the members for his speedy and safe return home. He returned home in much better health, and in the following March the testimonial dinner was given him.

Dr. Thompson served on some important committees of the Society. He was a member of the Committee on Essays, in 1867-8, then known as the Committee on Evening Arrangements; a member of the Committee on Publication in 1869; of the Board of Examiners in 1866-9; and Board of Censors in 1870. Jan. 26, 1876, he served on a committee to remodel the publication of the Society transactions; he was chairman of the committee, which made a report in much detail. March 15 the same year he was on a committee to oppose a bill in Congress to charter a National Surgical Institute in this District, a quack affair; the bill failed to pass. Jan. 7, 1878, he was chairman of a committee to look after the interests of physicians in the plan to make a change in the form of the District government. In February, 1879, on a committee to oppose the imposition of a license fee on physicians in this District; it failed to pass. In 1885 he was on a committee in regard to the water supply of the District; the committee recommended filtration. Nov. 22, 1899, on a committee on memorial to Dr. D. W. Prentiss.

Dr. Thompson joined the Medical Association of the District Oct. 4, 1865; was one of the Counsellors in 1876, 1878-9 and 1889; Vice President in 1880, and President in 1881-2. He was also a member of the American Medical Association and American Surgical Association. He joined very few of the other medical societies of the District.

Dr. Thompson became connected with Columbian College, this city, in 1865, when he was appointed Professor of Anatomy and Physiology in the National Medical College, which was the Medical Department of Columbian. In 1867 he was made Professor of Anatomy. In 1872 he was appointed Professor of Surgery and held this chair for thirty-five years; in 1907 taking a leave of absence and in 1908 was made Professor Emeritus.

Dr. Thompson had an honorary degree, LL. D. from the University of Maryland, 1907.

He served on the surgical staff of many hospitals in the District.

He died at the George Washington University Hospital February 1, 1917, about 6 A. M. Funeral services were held at the home of his nephew, Dr. Lawn Thompson, February 3, when the Rev. W. T. Snyder, Rector of the Church of the Incarnation, officiated. Interment at Oak Hill Cemetery.

It would be in place here to give some analysis of the char-

acter of Dr. Thompson. There are others, however, with whom he was closely associated in the work of the College and Hospitals who are therefore much better able to make such analysis. To me, however, Dr. Thompson was the embodiment of three things: energy and frankness and courage. I think that he seldom hesitated to say or do what he believed to be right.

DR. F. R. HAGNER said:

Before me there arises the picture of the faculty of the medical department of the George Washington University during my student days, a body of strong and able men whom we loved, and whom we revered more and more as we grew older and assumed positions of responsibility and trust. The faculty at this time consisted of Dr. A. F. A. King, Professor of Obstetrics and Gynecology; Dr. William Lee, Professor of Physiology; Dr. W. W. Johnston, Professor of Medicine; Dr. E. L. Fristoe, Professor of Chemistry; Dr. D. W. Prentiss, Professor of Materia Medica; Dr. D. K. Shute, Professor of Anatomy; and Dr. J. Ford Thompson, Professor of Surgery.

All of these gentlemen have finished their life's work with the exception of Dr. Shute and have left to their students a rich example of honesty, and ability, that we are trying to imitate.

These confreres of Dr. Thompson were high-toned gentlemen of extraordinary professional and teaching ability and were all held in high esteem and affection by the students of that date.

Dr. Thompson's first teaching position was that of Professor of Anatomy and Physiology in the National Medical College, afterwards the medical department of the Columbian University, being elected to this position in 1865. At that time his whole leaning was towards Surgery. He relinquished the professorship of Physiology in 1867, retaining the professorship of Anatomy. In 1872 while abroad visiting the clinics of Billroth and others he was invited to return to assume the Professorship of Surgery in the Medical Department of the then Columbian University. This Professorship he continued to hold until 1907 when he was given leave of absence and in 1908 he was elected Professor Emeritus of Surgery in the George Washington Medical School.

I have personally known Dr. Thompson from my earliest childhood as he and my father were intimate friends and hardly a day passed that he was not at my home. I can well remember how I used to climb into his lap, something he allowed me to do, but I am sure he would just as soon have a tarantula crawling over him.

Dr. Thompson was a fluent lecturer whose favorite mode of teaching was the citation of personal experiences and demonstration of the subject in hand by recording interesting details. He was an imposing and entertaining talker.

His greatest fort was his clinical teaching, his early clinical teaching being at the Children's Hospital. He was one of the organizers of the Garfield Memorial Hospital; it was here and at Children's Hospital that he did the most of his clinical teaching; and we all remember his Sunday morning clinics at Garfield Hospital where all the classes in the Medical School made it a point to attend. There are no such clinics to-day held in Washington as regards numbers as were present at his clinics on Sundays. At these clinics Dr. Thompson would keep up a rapid fire discussion of each case, as the operation was being performed and many valuable ideas and inspirations were given his students; and I believe nine out of ten men who were fortunate to hear his lectures, at once wanted to be surgeons.

Dr. Thompson was a man of most attractive personality, always most scrupulously neat, and careful of his personal appearance. I do not think any of us will ever forget the veneration in which we held him during our student days. One of his many attractions was his absolute honesty with the students. He never took the attitude that some teachers do of trying to impress upon their students their infallibility; he would tell of his mistakes as readily as of his successes, and when these mistakes were recounted it was usually punctuated with some mild profanity that only went to emphasize his general good nature and frankness.

We all may well feel proud, if when we have finished our work, we may be held by our students in such affectionate regard as was J. Ford Thompson.

DR. J. R. WELLINGTON spoke of Dr. Thompson as a Surgeon.

The foundation of Dr. Thompson's surgical career was laid in the U. S. military hospitals of this city during the civil war. Although he had graduated from the medical department of the University of Maryland in 1857 and had started in the general practice of medicine in Washington, he saw even this early that he was not fitted temperamentally to cope with the petty annoyances necessarily associated with the life of a general practitioner.

Many of Dr. Thompson's contemporaries received their surgical training in the military hospitals at this same time and, indeed, closely associated with him in the old Infirmary in this city were two young men who were later to achieve national reputations, Dr. Weir, of New York, and Dr. Keen, of Philadelphia.

Dr. Thompson was never happier than when speaking of those early days, and who of us has not been fascinated in listening to his thrilling descriptions of the struggles, the handicaps, the failures and the successes of these pioneers?

Let the surgeon of today try to picture himself compelled to work without any knowledge even of the skilled assistant, the

trained nurse, the sterilizer, antiseptics, blood counts, x-ray, and many other things essential to his success, and he will then have but a faint conception of the conditions under which these men worked, and the success they achieved is deserving of the highest praise.

After the close of the war he returned to the practice of medicine in this city, but now, encouraged by the experience he had obtained, he began to follow his natural bent and devoted most of his attention to surgery. At that time specialism was in its infancy, and to confine one's self to surgery alone was almost unheard of, but this Dr. Thompson did in a few years, and I have often heard him say that he was one of the very few men in this country at that time devoting themselves to surgery alone.

It was but natural, with his ability, experience and energy, that his services should be in demand by the medical colleges and hospitals. In 1865 he became Professor of Anatomy and Physiology in the Columbian Medical College. Two years later physiology was made a separate chair, but Dr. Thompson continued in the chair of anatomy until 1872, when he was made Professor of Surgery, which position he filled with credit to himself and satisfaction to his students for twenty-five years.

Practically every hospital in this city has honored itself by calling Dr. Thompson as Attending Surgeon. He went first to Providence and a little later to the Emergency Hospital, both of which he served conscientiously for several years. In 1884 he became Surgeon to the Children's Hospital, and the same year he was an incorporator and the first surgeon upon the opening of the Garfield Memorial Hospital, and in and from 1898, Surgeon of the George Washington University Hospital, and in these three institutions he remained until his retirement. He was also attending Gynecologist to the Columbia Hospital in 1892 and 1893 and Consulting Surgeon to the Episcopal Hospital from its inception. He was one of the earliest members of the American Surgical Association and a founder of the College of American Surgeons. To these institutions and societies he gave the very best there was in him, and the conscientious care and devoted attention which he gave to the poor and afflicted surely won for him the admiration and affection of every one familiar with his work. I know personally that for more than twenty years there was scarcely a day that he did not visit Children's Hospital, and many a strong and healthy man and woman of today owe their lives to the skill of Dr. Thompson, freely given to them when they were charity patients in this institution.

While it is the duty and pleasure of every physician to give freely of his time and skill to the poor, it is unquestionably true that no other physician or surgeon of this city ever received so small a financial return for his services as Dr. Thompson. While

this was partially due to his abhorrence of keeping books, it was chiefly due to the fact that the monetary consideration was a matter of absolute indifference to him whenever he saw an opportunity of doing good. At the dinner given him on his 70th birthday, one of the speakers said that "Dr. Thompson has done more for my poor people than all the churches and all the charitable organizations in the District." This well expresses the debt of gratitude which this community owes to his memory.

In his early days the hospitals and universities of Europe offered advantages not to be obtained in this country, and in 1871 he went to Paris and London, where he availed himself of their large clinics. Again in 1882 he went abroad and spent most of his time in Vienna, then the most famous clinic in the world. Here he became the friend and pupil of the great Billroth, and it is a remarkable coincidence that he saw Billroth do one of the first gastro-enterostomies ever performed, and more than twenty years later Mayo Robson, in London, performed his one thousandth gastro-enterostomy on Dr. Thompson himself. Besides Billroth, Dr. Thompson studied in Vienna with Wolfer, Albert, Dittel, Ultzman, Braun, Arlt and Finger. He also spent some time with Nussbaum in Munich, Lichte in Strasburg, and Czerny in Heidelberg.

Although a brilliant speaker, Dr. Thompson was not fond of writing formal papers, but his reports of clinical cases were very numerous, and I think I can safely say that no other member of this Society has ever presented before it such a fund of valuable and interesting clinical material and no one has ever taken a more active part in the discussion of surgical problems. Although at times he may have been inclined to be rather severe in his criticism of papers of others, we all knew that his expressions were the result of his honest convictions and absolutely free from the slightest suspicion of malice.

It was not this Society alone which received the benefit of his experience, but he was a frequent contributor to the Transactions of the American Surgical Association and the Washington Gynecological and Obstetrical Society. His first paper before this Society was in 1864, on Syphilis, and his last was on May 24, 1905, when he reported three excisions of the hip joint all done in one morning. During the intervening forty-one years his contributions were too numerous to give in detail, but a few are worthy of recognition. In 1878 he reported three cases of erysipelas cured by injections of carbolic acid; in 1883 a successful case of tracheotomy for diphtheria; in 1886 he protested against the too great tendency of the time to perform oophorectomy without justifiable cause; in 1887 he reported a case of vaginal hysterectomy for uterine cancer and says that the abdominal operation for this condition is justified only under exceptional

conditions, on account of its great mortality; in 1889 he reported the first case of extra-uterine pregnancy ever brought before this Society. Although in this case the foetus was discharged through the bladder, he very forcibly advocated the early operation before rupture. In 1897 he presented a case of gunshot wound of the abdomen with thirteen lesions of the intestines, with recovery. In the same year he reported to the American Surgical Association a cure of popliteal aneurysm by excision and highly recommended this method in preference to distal ligation. In 1898 he reported a perfect result of operation for imperforate anus and vagina, and in 1899 the successful removal of a hatpin from the great omentum. These are but a few of his many clinical reports, but they will give some idea of his diverse activities and vast experience.

Dr. Thompson was a conscientious reader of all the surgical literature not only of this country but of Europe, and, on account of his perfect knowledge of French and German, was able to keep in touch with everything new in his chosen field. In this connection I wish to say that I have never known a man who possessed greater judgment in selecting the good and discarding the bad in new operations and new technique. I well remember that when a rising young surgeon presented to this Society many years ago several successful operations by a new method just becoming popular, Dr. Thompson very forcibly characterized the operation as unsurgical and impracticable. The young surgeon's friends were very bitter in their criticisms of Dr. Thompson, but it is a matter of fact that in a few years this operation had become forgotten. This is just one example of what I mean by his discernment in separating the wheat from the chaff.

If I were asked in what way he was preëminent in surgery, I should say unhesitatingly as a diagnostician, and for this reason his services as a consultant were in great demand. In consultation he was quick in arriving at an opinion and clear and emphatic in defending his position.

As an operator he was painstaking, thorough and conscientious, and, on account of his vast experience and complete familiarity with the literature of his profession, he was rarely perplexed under the most trying conditions and most unexpected emergencies. If the year 1907 had seen the beginning instead of the end of Dr. Thompson's surgical career, it is my firm conviction that he would be regarded today as one of America's most promising surgeons.

It was my good fortune to have known him intimately, not only professionally, but in his private life. One of the proudest moments I ever experienced was when he asked me while a student at the Children's Hospital to assist him in a private operation, and for many years thereafter I was closely asso-

ciated with him, and until the day of his death entertained for him a feeling of greatest respect and sincerest friendship.

He was a man so honest and upright himself that he hated cant and pretense or anything unworthy of a true gentleman in another. He was a man of absolute integrity, great fearlessness, broad culture, unswerving honesty and a true friend, and in honoring him this evening this Society could do itself no greater honor.

DR. C. W. FRANZONI said: Mr. President and Fellow Members:—In a few months this Society will celebrate the centenary of its birth. None of us now living, even the oldest, ever saw or knew any of those who were at its birth.

Some of us, however, were privileged to know a few who were sponsors for the Society during its years of adolescence.

Perhaps no other medical society now in existence in this country ever passed through such stressful and epoch-making experiences as did ours during its transition from youth to full manhood.

During this period not only did the art of medicine and surgery emerge from a state of crudity to the dignity of a science, but the very fabric of society changed from provincial to national, and our own city grew almost overnight from a straggling village to a cosmopolitan center.

With such sweeping changes influencing not only the individual but the very life of the community, the Medical Society was like everything else then existing, swept into the whirlpool and was well nigh engulfed. Strong men, men of mental vigor, steady of purpose, unwavering and unfaltering, were needed to preserve it from the pitfalls that beset it on every hand and to guide it through the bewildering mazes that surrounded it.

It fell to the lot of a few brave souls, men of rare courage and vision, to lead this Society through those trying years from its youth to its full-grown manhood and live to see it not only flourish but become one of the greatest factors in the life of our community today. They left their imprint not only on the Society but upon those who knew and loved them.

Such a man in such a time in the history of our Society was Dr. J. Ford Thompson.

Twoscore and seven years ago when I was admitted to fellowship in this honorable body, I was welcomed by my dear old friend and teacher, Dr. J. Ford Thompson, and found him to be an earnest and indefatigable worker in its ranks, untiring in his efforts to increase the interest of the members in its workings, and often days beforehand endeavoring to secure the promises of some of the more active members to be present at a regular meeting to insure a quorum.

The roster then contained but little more than threescore names, while now there are nearly ten times that number affiliated with us.

You will hear from some of those who follow me what a wealth of brain food he added to the archives in all the years of his connection with us, so I may be excused from dilating on his efforts in this direction.

He was genial and wholesouled in all his intercourse with his fellows of the profession, and he has left a memory which will endure with the life of the Society, now fast approaching its century mark. His name will ever be cherished by us as are those of Noble Young, Grafton Tyler, Louis Mackall, Samuel Busey, Johnson Eliot, James E. Morgan and others who were his contemporaries in the history of the Society in those days of long ago, and who were honored by us as we are tonight honoring his memory and are often recalled by the older generation as men who fought a gallant warfare against ignorance and superstition, those ever present foes of our beloved profession, and aided in raising its standard to that of a science at once progressive and humane.

Ever battling in the forefront we find Dr. J. Ford Thompson, never lowering the standard, never giving quarter, never surrendering, but with knightly courage following disease into its darkest retreats, routing this despoiler of the human race and leaving it prostrate and vanquished.

So this good knight went gallantly on his way to his rendezvous with death, his untarnished plume held high among the gathering shadows, and his banner bearing the deathless device, "He hath done what he could."

Not only as a practitioner but as a personal friend I pay tribute to him as one who not only loved his fellowman but who sacrificed much to aid and comfort those who were sore distressed, even when they had no claim upon his friendship, but because they were in trouble and he could relieve them.

Such was Dr. J. Ford Thompson, and we who knew him for so many years feel that for us life was made the brighter and more useful by our association with him. It was a personal friendship intertwined with our professional fellowship that grew brighter with the passing years, and with his passing it is not dimmed nor vanished. It binds us closer to the memories that never fade and, with strong, invisible hands, it draws us slowly but surely to the land where memories take shape and we live again with the friends whom we "have loved and lost awhile."

DR. THOMAS E. MCARDLE spoke of the charity of Dr. Thompson, saying: Would that I possessed the fervid eloquence of Ford Thompson to convey to you a distinct understanding of

his predominant characteristic, charity. I knew him for nearly forty years of professional life and I had an intimate insight into his character for more than thirty years, and in all that time he was noted for his singleness of purpose. In our profession each one of us is forced by circumstances to do more or less charitable work, for no doctor can escape doing his share, yet I think that it can safely be said that no other man in Washington during the fifty years of Dr. Thompson's active surgical life ever approached the sum total of his charitable deeds. In other walks of life I doubt if any five millionaires of our city ever contributed half as much to works of benevolence as he did by his skillful services to the poor and needy. It speaks for itself when I say that instead of being rich he left to his children a fortune so small that it will barely equal one year's income of some men I see in this room. At one time he was attached in a surgical capacity to nearly every hospital here.

The amount of work he did without any remuneration whatsoever is beyond calculation. He never seemed to work with any hope of pecuniary reward. He never seemed to take into consideration whether the patient was rich or poor. If an operation was necessary and demanded, that was all he cared to know. He never kept any books, neither daybook, ledger nor cash book. Every year he bought a visiting list as a daily reminder of his patients, rather than a reminder of their monetary obligations to him. Up to the time of his illness about thirty-four years ago, which came near costing him his life, he had never been sick a day; had never even suffered from a headache or a toothache. That illness, as you know, was contracted in operating upon a charity patient. Even when confined to his bed a few years ago by a very painful and distressing ailment, I have known him to go out to Garfield Hospital at his own expense and operate at 2 o'clock in the morning upon a nurse suffering from appendicitis. How many of the men I see before me have pleasant memories of his kindness and skill in operating upon them or some member of their families without any desire or expectation of pecuniary reward. Thompson would have felt hurt and offended at the mere proffer of such remuneration. It is true whenever occasion offered or demanded he received the same consideration from his fellow practitioners both in this country and abroad.

When quite young in his professional life he had occasion to consult the great and famous Gross on account of one of Thompson's children. When he asked the amount of his indebtedness at the end of the examination, the eminent surgeon replied, "Doctor, dog don't eat dog." His experience with Mayo Robson has never been clearly understood I fear. Mr. Robson undoubtedly saved Dr. Thompson's life by his skill and attention. After his return to my house he wrote to Robson, thanking him for his

care and asking the bill for his services. Mr. Robson replied that he had no bill against Dr. Thompson, but that he usually charged two hundred pounds for such an operation. Thompson sent him a check for five hundred dollars. But if the case had been reversed, Dr. Thompson would never have intimated that he charged for an operation, and whatever Mr. Robson might have sent would have been returned by the next mail.

But Dr. Thompson's charity was not confined to his surgical deeds. No one knows how many acts of benevolence to the children of deceased physicians were done by our departed friend. Charity covereth a multitude of sins, and let us hope that Thompson is now enjoying his reward. God must have been glad the day He created Ford Thompson, and we all know the world was better for Thompson having lived.

DR. ARTHUR A. SNYDER said: We are here tonight to hold memorial services over one of our number who has finished his term of service and turned the wards over to his successor; sorry to give up the work which he had been doing—and doing well—for so many days and nights; always on call, always on duty, never relieved from the summons for help. The S. O. S. of humanity, the high or the low, the poor or the rich; no matter what the weather or whether the going was pleasant or bad. Yes, sorry to relinquish the work and the pleasures of the service to his successors because there was so much still to be done, so many interesting cases, so much that his experience, his successes and his failures, would now receive the benefits of his labors and studies; and now if he only had more time what great and good results must follow the working out of blind and crooked paths and the straight road lined with happiness of achievement; and the bright light of certainty seemed just in front. But no, Time pointed with his finger to the period on the scroll, on which he had been marking with dots and dashes the spaces of his life, and told him that no one man could go on marking more than so many years, no matter how good he may be; and then he must move aside so that another might fill his place, find his marking on the scroll, and add to it the little knowledge he could acquire while making the dots and dashes of his own life. There is no defeat in this, his term of service has expired, his successor is not a victor but simply a workman on duty, to take the obligations upon his own shoulders.

And thus our fellow member found time to lie heavy on his hands, with the interests of his long active life taken from him, as the weight of years weighed heavier and heavier, and death seemed a long way off; but finally he read to the end of the chapter, and the volume of his life closed, and with his funeral a big, active, useful and industrious life closed as it had lived,

without ostentation. Fellow members! that word ostentation to my mind was characteristic of his life, as was his neatness of person, his never failing courteous address, or his manly selfishness with which he did his work; for because of his love of operating and his remarkable physical strength he did all his work for his own pleasure; and, yet, if any case of his failed, no one ever saw him hide behind other shoulders, or his voice break into a whine of self-defense. The broad field of surgical work of the District of Columbia and contiguous States was his since the war of 1861-5, and he did it, practically all of it, and there was no ostentation. Had he this Display of Ambition he would have written and published his work, and there is where he lost the making of a great name. Members of this body can easily recall cases of remarkable operations done by him, but nobody ever saw such in print. Do any of you recall a surgeon doing four trephines in one night in a family of five with the loss of only one of the four, a small child? Yet that history never came to the light of the printed page.

Was it his selfishness, or was it his lack of ostentation or want of Display of Ambition which he carried through life, satisfied with work done? What man do we know who had so many friends and admirers, who had so many whom he had taught their profession and had imparted his skill, yet who closed the last months of his life with so little ostentation, and who gave back his body to the earth from whence it came without ostentation—and I had almost said without the display of friends or admirers and students who had received favors in the past?

And now, fellow members, what would be his opinion of this meeting? Would his want of love of display be pleased with a memorial Meeting? Not one bit of it! And were he here we would hear him swear in his old honest way, "My God, Doctors! let's don't say any more." But as a number of this large body of medical men, and as one of them who has given of his labors, his skill and instruction for the benefit of almost all of us, it is only just and fitting that we should show regard for him in spite of what his personal wishes might be, and I have no doubt that he thought of this meeting which he knew was sure to be, and, too probably, he thought as did the poet when he wrote:

"If I should die tonight,
My friends would call to mind, with loving thought,
Some kindly deed the icy hand had wrought,
Some gentle word the frozen lips had said,
Errands on which the willing feet had sped,
The memory of my selfishness and pride,
My hasty words would all be put aside,
And so I should be loved and mourned tonight."

DR. S. B. MUNCASTER said that Dr. Thompson was a man of great force of character and unflinching in the endurance of physical pain. This was strikingly illustrated on the last occasion on which Dr. Muncaster had seen Dr. Thompson in his office. Dr. Thompson had been in poor health for some time and was on the eve of starting for England to consult Mr. Mayo Robson, an event to which reference had been made. He had developed a middle-ear abscess and came to see Dr. Muncaster, suffering great pain. Examination revealed the necessity of immediate incision, which Dr. Thompson demanded at once and without anesthetic. The incision was made without any sign of suffering from Dr. Thompson, except a request to lie on the couch when it was over. Dr. Muncaster, recalling Dr. Thompson's lectures and his never failing advice as to how abscess should be dealt with, jokingly remarked that now he supposed a "bold incision" was indicated. Dr. Thompson replied: "No, damn if you do; you don't make any more incisions in *my* ear." After letting him see the pus on the instrument with which the incision was made, he was satisfied that I was joking with him. He was able to leave for Europe in ten days, which was the time scheduled for his journey.

DR. GEO. M. KOBER said that to say more were superfluous. He had known Dr. Thompson since 1871 and had soon learned to admire and to love him. He was a man of positive convictions and without fear, which led to the forcible expressions of opinion in the debates in this Society which we learned to expect from him and never to resent. Dr. Kober moved the adoption of the resolutions presented by the Committee.

The resolutions were unanimously adopted.

WASHINGTON MEDICAL ANNALS

WANTED.

MEDICAL OFFICERS for the ARMY and NAVY.

At present there are less than 500 Medical Officers in the Regular Army, about 2,500 in the Medical Reserve Corps, and about 800 in the Militia. About 16,000 more are needed. Commissions in the Medical Reserve Corps are graded as First Lieutenant, Captain, and Major, with salaries respectively of \$2,000, \$2,400 and \$3,000 a year.

Further information may be obtained from the Surgeon General of the Army, in this city, and from the President of the Examining Board for the District, Major (Doctor) A. B. HOOE, 1220 Sixteenth Street, Northwest.

ACHYLIA GASTRICA.*

ACHYLIA GASTRICA ; DIAGNOSIS.

By J. RUSSELL VERBRYCKE, JR., M. D., F. A. C. P.,

Washington, D. C.

Webster's dictionary defines "diagnosis" as "The determination of a disease by means of distinctive marks or characteristics." Unfortunately the term too often means the physician's guess as to the nature of the disease. With most maladies our diagnosis must partake partly of the nature of a guess, no matter how complete the examination.

In achylia, however, as in diabetes and other diseases with definite signs, our diagnosis can be exact, and failure to diagnose is usually unpardonable, as it implies neglect of an easy diagnostic method.

We may assume achylia to be present, occasionally in those cases of mild gastric symptoms, with disturbance of the bowels, particularly diarrhoea, over a considerable length of time. But half of the patients will have symptoms suggestive of hyperacidity and we can only be certain of the diagnosis after examination by the stomach tube and the finding of absence of HCl and ferments, with a low total acidity, usually not over 6, and generally considerable syrupy mucus.

Several years ago I read a paper before the Medical Society of Northern Virginia and the District of Columbia, using the title "dyspepsia" merely to cloak my remarks on the methods of diagnosis of various stomach disturbances. One of the foremost country practitioners of Virginia left the room just before the time for my paper, and I was told that he remarked over a drink "Dyspepsia? I never saw a case that I couldn't cure with bile salts and pancreatin." Some months later this same physician was himself a victim of stomach trouble, complaining of gas, slight tendency to nausea and the loss of twenty pounds in weight. After trying various remedies advised by his many friends in the profession he was persuaded to come to me for complete examination. The stomach tube showed that he had no gastric juice and his improvement started in two days after beginning appropriate treatment, so that he has been converted to believing in the stomach tube as one of the aids in determining the different sorts of dyspepsia.

In achylia the stomach tube is preëminent. It has no rival. The Roentgen ray, which has proven so valuable in many other gastric disorders, is absolutely useless in diagnosing achylia,

* A symposium in which Drs. L. M. Hynson, W. E. Clark, W. G. Morgan, J. R. Verbrycke, Jr., and W. J. Mallory took part, April 4, 1917.

although in the differential diagnosis from cancer it is of great help.

Einhorn's bead test has been used, and the passage of undigested catgut through the digestive tract supposedly indicates absence of gastric digestion. So also a silk tassel soaked in Congo red and attached to a thread has been swallowed and withdrawn after being in the stomach a few minutes. Absence of blue color denotes no free HCl.

These tests are not conclusive nor even necessary. The passage of the stomach tube and the securing of gastric contents should not consume more than twenty to thirty seconds, and the proportion of patients who are not able to swallow the tube is now under one per cent. in my office.

There are two conditions which must be differentiated from achylia, the anacid gastritis found so often secondarily to chronic appendicitis, gallbladder conditions, etc., and, secondly, cancer.

As a rule secondary gastritis without acid shows a higher total acidity than true achylia, and physical examination should find tenderness over the involved organ, rigidity or other evidence. I believe that a secondary gastritis can finally become a true achylia, as witness the following case: Mrs. M. S., aged 65, had had gallstone colic for twenty years. At the time I saw her she complained of heartburn, gas, vomiting spells and attacks of watery diarrhoea. Examination showed that she had cholecystitis with stones, true achylia with a total acidity of 4, and indicanuria with later development of pernicious anemia. The sequence was probably gallstones, secondary gastritis, achylia with intestinal putrefaction, and, finally, pernicious anemia.

The differentiation of cancer of the stomach from achylia with early pernicious anemia is sometimes quite difficult. The following points may help. In achylia the history is usually that of mild, long-continued digestive disturbance over many years. That of cancer is more apt to be either of rather abrupt onset after the age of 40 with a previous history of good digestion or, in the secondary type, of periodic dyspepsia of the ulcer type for some years followed by a gradual change to symptoms of rather continuous character. The total acidity is apt to be higher in cancer due to the formation of lactic acid. Similarly Boas-Oppler bacilli may be found. Occult blood may be present in either, but is more continuous in cancer. The Roentgen-ray evidence of carcinoma is, of course, most valuable.

The amount of albumin found in the stomach contents on fractional testing after a Ewald test breakfast has been advised as a diagnostic measure between achylia and cancer, but I have not found this to be reliable.

The following case is reported to illustrate a difficult diagnosis:

Mr. A. K. S., age 61, had complained of indigestion since the age of 19, consisting of nausea, and regurgitation of tasteless food.

This was probably achylia existing for over 40 years. Of late he had loss of appetite, strength and weight and complained of a pain in the left side of his abdomen. Examination revealed a very large mass coming down from the left costal border nearly to the navel. This I took to be the spleen. He had achylia, marked indicanuria and a high degree of anemia with 62 per cent. haemoglobin and 2,120,000 red blood cells. He was diagnosed "achylia" with subsequent splenic anemia, and was operated upon with a view to a splenectomy, but the mass was found to be due to sarcoma of the kidney.

As a usual thing, however, achylia gastrica is one of the easiest diseases to diagnose if the stomach tube is employed as a routine in all digestive disorders.

SYMPTOMS OF ACHYLIA GASTRICA.

By WM. EARL CLARK, M. D.,

Washington, D. C.

Einhorn divides cases of achylia gastrica into three main groups:

First.—Cases with few or no gastric symptoms whatever.

Second.—Cases complaining of disturbed gastric digestion.

Third.—Cases with few or no gastric symptoms but with complaints referable to the *intestine*, especially diarrhoea.

The first group.—Those with practically no gastric or intestinal symptoms are comparatively rare. There may be some impairment of appetite, loss of weight and a sense of being *below par* in general health. A juiceless condition of the stomach in the routine examination of the patient is discovered; the symptoms complained of being insufficient to lead one to suspect achylia gastrica.

The second group comprises a much larger number of cases, though little if any larger than the third group, with the intestinal symptoms. These cases complain of impaired or even loss of appetite, a *sense of epigastric discomfort* on pressure after eating and, in the more marked cases, nausea and vomiting. In reviewing the literature and going over the cases I have seen personally, it is interesting to note that fully one-half complain of the gnawing discomfort and pressure in the epigastrium several hours after food, and that this pressure is relieved by eating. This resembles closely the cases with excess of hydrochloric acid, and from the history we might suspect the patient to be suffering from hyperchlorhydria until, by means of gastric analysis, the opposite condition is found to exist. This emphasizes the importance of gastric analysis before treating patients with gastrointestinal disorders.

Accompanying the sense of epigastric pressure there may be, in some cases, actual epigastric pain, and in Osler's System of Medicine and one other authority the interesting fact is brought out that such cases may not only resemble the clinical picture of hyperchlorhydria but may even simulate ulcer. Personally, I have not seen many cases with sufficient pain to suggest ulcer. More often it is the sense of pressure or gnawing discomfort before mentioned and relieved by taking food.

This brings up the mechanism or production of pain along the alimentary tract, either in the stomach or intestines. Formerly we believed the pain to be due to acid or coarse irritating food acting on the gastric or intestinal mucosa, but now we are coming to believe that the pains are caused by an irritability of the motor mechanism of the digestive organs, the irritating contents causing an exaggerated motility with painful contractions or spasm in certain areas like that of the cardia or pyloric pouch. Then, too, overdistension of an organ that is hypertonic will cause distress or even pain. The x-ray reports often tell us that these patients have a general hypertonic state of the entire alimentary tract. The taking of even a moderate amount of food into a hypertonic stomach will give the patient a sense of fulness or even distress. The time of distress depends largely on the time the hypertonus is greatest, one patient having distress soon after eating, another an hour after eating, and still another several hours after eating when the stomach is empty. Other symptoms complained of under this group of achylia gastrica are headaches, belching of gas and a general sense of languor and inefficiency.

The third group, or those cases in which symptoms of disturbed intestinal digestion are encountered, complain most frequently of diarrhoea, or diarrhoea and constipation alternately. This past week I had a case which illustrates the characteristics of this group. A dentist, 45 years of age, came to me complaining of looseness of the bowels which was becoming so bad as to embarrass him and interfere with his work. At first, a year or more ago, he began to have a call to stool early in the morning as soon as he awakened, in fact, he thought it was the urgent call to stool that awakened him, and he would have a mushy, explosive movement at this time. After breakfast he would have another of the same character. The past two or three months he began to have, not only the two mushy stools in the morning, but two, three or even four watery stools in addition during the day. He would have also, gaseous distension of the intestines giving rise to a sense of inflation and colicky pains, and he began to feel the effects in his general condition. He had lost fifteen pounds in weight, had less desire for food and became rather introspective and a little alarmed about himself. The history was so suggestive that I suspected achylia and passed the stomach tube 35 minutes after he had taken the test breakfast. Even then the stomach was prac-

tically empty, for I obtained only about 25 cc. of gastric contents. Analysis showed entire absence of free hydrochloric acid, total acidity 5? This rapid emptying of the stomach is quite characteristic. Often there will be little fluid obtained, as there seems to be little or no reaction from the gastric glands. The hot water or weak tea has often almost entirely passed and we get only some coarse, unchanged bread from the Ewald breakfast mixed with a little fluid and syrupy mucus. In addition to the absence of HCl there is also an absence of pepsin and rennet. The pepsinogen and rennet zymogen may be demonstrated in many of the cases.

There were other interesting and illustrating facts in connection with this case. Fifteen years ago he had trouble with his digestion, characterized by many of the symptoms we considered under the second group of cases, namely: distress after eating, belching and regurgitation of non-acid contents. This condition yielded to a course of HCl and pepsin. The fact that the regurgitated food was not sour or acid and that the administration of HCl and pepsin gave him relief, makes one feel that he probably had achylia gastrica at that time. It seems probable that he has gotten along in a comparatively normal manner in these fifteen intervening years in spite of the stomach condition. We do know that cases can go on in comparatively normal health for years with achylia gastrica. The intestine seems to have a remarkable ability for taking care of the foods in a vicarious way which the stomach has so poorly dealt with. It is a compensation somewhat parallel to that evolved in the heart. When the patient, from over fatigue, flagrant errors in diet or hygiene, lowers the general standard of health, there comes a break in the gastrointestinal or digestive compensation and various symptoms as described above come into the clinical picture.

This third group of cases often describe along with the gaseous, bloated condition of the abdomen and lower bowels, other symptoms that make one feel there is frequently a great deal of absorption from the bowels. The patient feels languid and lacking in ambition and the nights are often disturbed and restless, apparently from the intestinal indigestion.

A moderate degree of anaemia is present in many of the cases and there does seem to be some relation between this condition and pernicious anaemia.

In closing, I would emphasize once more the importance of gastric analysis in cases of this type, for we have no rational basis for treatment until something is known of the condition present. Although the case with diarrhoea cited above has been taking HCl and pepsin for only a few days, already the stools are becoming more natural and there is a general improvement in the intestinal digestion, so that both patient and physician are highly pleased with the results obtained.

Dr. Lester Neuman, referring to Dr. Mallory's statement that achylia patients occasionally do not tolerate hydrochloric acid, said that such patients may belong to a group of persons in whom there is delayed secretion. Dr. Verbrycke had said that the practice of gastrologists usually is to remove the gastric contents at the end of one hour after the test meal; this method would miss the cases with delayed secretion of hydrochloric acid. Fractional estimations over a period of six hours by the use of Reiffuss tube will exclude this mistake.

Dr. P. S. Roy had heard Dr. Morgan read two very interesting papers on the relation of achylia gastrica to pernicious anaemia. Dr. Roy could not see that the relationship was well made out. Of course, cases of pernicious anaemia do have achylia gastrica sometimes; but many cases of achylia gastrica occur without pernicious anaemia. He thought this ought to be made clear, because we ought to know just what to expect in cases of achylia gastrica.

Dr. L. F. Kebler said that all the speakers had referred to the analysis of gastric contents. Of course this was easy so far as hydrochloric acid is concerned; but the estimation of pepsin is a more difficult matter; all the available methods are deficient in accuracy because of the many disturbing factors.

The statement had also been made that diagnosis is too often a matter of guess work; this is a very unfortunate idea to promulgate. He suggested the advisability in all cases to make an accurate diagnosis or to express no conclusive opinion at all. He made this suggestion because of the regrettable status of expert witnesses in courts at the present time; doctors get the reputation of being guessers, and are estimated in court on this basis. He inquired how pancreatin may be expected to benefit a patient when we know that it is destroyed in the stomach in the presence of hydrochloric acid and pepsin.

Maj. Roger Brooke, U. S. A., called attention to the fact that achylia gastrica is at times simulated by sprue; there may be considerable difficulty in differentiating between the two conditions. In view of the increasing prevalence of sprue in the United States and of the fact that the administration of hydrochloric acid is harmful in sprue, these considerations should be borne in mind.

Dr. Verbrycke said that a certain amount of guessing, safeguarded by the careful observations of the experienced clinician, is necessary to diagnosis in many cases. This is forcibly illustrated by Cabot's figures derived from comparisons between clinical diagnoses and post mortem diagnosis.

In regard to delayed secretion of gastric juice, Dr. Verbrycke said that when the stomach contents are withdrawn at the end of an hour and no food is found, it is not necessary to resort to the fractional method with the Reiffuss tube; it is too time consuming.

He had seen only one case of sprue; there was a very low acidity in this case, but not actual achylia. It had taught him how easily the two conditions could be confounded.

As to those cases that do badly, there are some individuals with very low tryptic power; such cases can be helped very little.

Dr. Mallory said that the medical man sets for himself a very much higher standard of accuracy than does the layman or the advertising quack. We may have to guess in some cases when careful investigation does not reveal the necessary criteria for absolute diagnosis. Pancreatin is not destroyed in the stomach in the absence of hydrochloric acid; in achylia it does good at times by relieving the strain upon the intestinal digestive apparatus. It is not important from a clinical standpoint to estimate the amount of pepsin in the gastric juice accurately; it is not active anyway in the absence of hydrochloric acid.

ANENCEPHALIC FETUS.*

By H. C. MACATEE, M. D.,

Washington, D. C.

The mother of this fetus was a healthy white woman, 35 years old, who had previously given birth to a normal male child. The present pregnancy began in August, 1916; expectation of delivery May 28, 1917. She had an uneventful pregnancy, only reporting her condition March 2, when examination indicated the presence of a living fetus with active movements; the abdominal girth was normal for the stage of pregnancy. The urine was normal. On March 20 she sought advice on account of persistent pain in the upper abdomen and back; no definite cause for this pain could be found, but there had been rather rapid increase in the size of the abdomen, and it was thought that the explanation lay in pressure and rapid dislocation of abdominal viscera. A binder was applied with some benefit. A week later the pains had shifted, were more severe, and the fetal movements were very sluggish; no heart sounds heard. April 7 the abdomen was greatly enlarged; skin tense and shiny. Rhythmic labor pains had set in; the cervix was obliterated and dilatation had commenced. After several hours of ineffectual pains, the bag of waters was ruptured and an enormous quantity of fluid escaped, rapidly followed by expulsive pains and the delivery of a monstrous fetus of the anencephalic type. Placenta and membranes were delivered intact and showed no evidence of disease. It seemed evident that after the death of this fetus, hydramnios developed and was utilized by nature for terminating the pregnancy.

* Presented to the Medical Society April 11, 1917.

Dr. W. H. Atkinson said that it might be interesting to refer to a patient whose first two babies were normal girls; the two succeeding pregnancies resulted in anencephalic boys; the last child was a normal girl.

Dr. D. S. Lamb said that Dr. Atkinson's remarks recalled a case in which of three children, the first and last were anencephalic, the intermediate child having an anomaly of the urinary apparatus that precluded independent life. Cases of anencephalus are thought to be due to the adhesions of the amnion, and the majority of such monsters are females.

Dr. Adam Kemble mentioned a case in which, after the birth of a monstrous fetus, the mother's blood was found to show a quadruple plus Wassermann. Treatment was followed by the birth of two normal children.

Dr. W. H. Hough cited another instance in which syphilis in the parents seemed responsible for the bearing of monstrous children.

Dr. H. T. A. Lemon said that in his practice is a family in which two female infants were born, both monstrous; then there were two normal boys; then a fifth pregnancy resulted in a monstrous female. Both parents' blood was negative for Wassermann reaction. It seems that in a given family either the girl babies or the boy babies will prove to be monstrous, if the defect appears at all; a mother whose girls are monstrous is able to produce normal boys, or *vice versa*.

Dr. Truman Abbe was interested in this subject from the standpoint of amniotic adhesions; he had seen several cases in which amputation of limbs or other deformities had resulted from this cause. A syphilitic basis, or at any rate some ancestral disease, is apt to be found in these cases on careful study.

Dr. Macatee said that no evidence of inflammatory change had been found in either placenta or membranes. There was no clinical evidence of syphilis in either parent, but he had it in mind to test the blood.

THE CASE OF DR. T. J. KEMP.

The following letter from H. Ralph Burton, to Dr. Frank Leech, Chairman of the Executive Committee of the Medical Society, was ordered by the Society to be published in the ANNALS.

DEAR DOCTOR LEECH:

In July 1914, I was requested by the Medical Society to furnish information in regard to the indictment and conviction of Dr. Thomas June Kemp. The following November, at the request of the Secretary of the Medical Society, I prepared a letter which the Society sent to the Board of Medical Supervisors calling the attention of the Board to the advisability of revoking Dr. Kemp's

license. In reply to this letter the Board answered that it was not the duty nor within the province of the Board to investigate and prosecute physicians under the Medical Practice Act. I was of the opinion that this view of the Board was erroneous, and that it was clearly within its province and its duty to the public at large to initiate action in the case. It was evident, however, that it would be useless to expect any action from the Board itself, and I, therefore, prepared a letter which was sent by the Society to the Commissioners of the District of Columbia requesting aid and advice of the Corporation Counsel and offering him the aid of the Counsel for the Society.

The Commissioners replied that it was not the duty of the Corporation Counsel to prosecute charges before the Board of Medical Supervisors. It thereupon became evident that any further efforts along this line would be futile and that, if anything was to be accomplished, charges must be filed and prosecuted by the Society itself. I reported to the Society accordingly.

The question was then referred to the Executive Committee with power to act. Pursuant to instructions from the Committee, I prepared a complaint against Dr. Kemp, reciting his conviction in the Supreme Court of the District of Columbia, and the affirmation by the Court of Appeals for violation of Section 211, of the United States Criminal Code, which a majority of the members of the Executive Committee called at my office and signed.

I filed this complaint, April 3, 1916, with the Board of Medical Supervisors, on behalf of the Executive Committee acting for the Society. On May 22d, I attended the hearing on the complaint held by the Board and argued the case on behalf of the Medical Society. The Board, on May 29th, announced its decision, revoking the license of Dr. Kemp to practice medicine in the District of Columbia.

Dr. Kemp appealed from this decision of the Board to the Court of Appeals of the District of Columbia. Although by the appeal the Board was made to defend its own action, I prepared and filed a brief on behalf of the Medical Society, covering phases of the subject which had not been previously discussed.

On March 6, 1917, the Court of Appeals affirmed the findings of the Board, holding that the act under which Dr. Kemp's license was revoked is constitutional and valid, and that the offense of which he has been convicted was of such a character as to warrant a revocation of his license, under this act. The opinion of the court which was delivered by Mr. Justice Van Orsdel, is as follows:

"Appellant, on March 24, 1913, was convicted in the Supreme Court of the District of Columbia of sending through the mails 'a certain letter and notice giving information and intending to give information where and by whom acts and operations for the

producing and procuring of abortion would be done and performed and how and by what means abortion could be produced,' in violation of Section 211, of the United States Criminal Code. The conviction was affirmed by this court, March 2, 1914, *Kemp v. United States*, 41 App. D. C., 539. Appellant was sentenced to the penitentiary for a term of two years. The sentence, however, was commuted by the President to a fine of five hundred dollars.

"On April 3, 1916, a complaint was filed by a majority of the Executive Committee of the Medical Society of the District of Columbia with appellee, the Board of Medical Supervisors of the District of Columbia, charging appellant, a licentiate of said Board with having been convicted of a crime involving moral turpitude, and requesting an investigation and revocation of appellant's license to practice medicine in this District. A full hearing was had, and, on May 29, 1916, an order was entered by said board revoking appellant's license, from which this appeal was taken.

"This proceeding was had under the provisions of the Act of Congress of June 3, 1896, (29 Stat. L., 198) entitled 'An Act to Regulate the Practice of Medicine and Surgery, to license Physicians and Surgeons, and to punish persons violating the provisions thereof in the District of Columbia.' Section 10 of the Act provides, 'That the Board of Medical Supervisors of the District of Columbia may, by a vote of four members, refuse to grant or may revoke a license, and may cause the name of any person to be removed from the record of the Supreme Court of the District of Columbia and from the register of the Health Office for any of the following causes, to wit: The employment of fraud or deception in passing the examinations provided for in this act, chronic inebriety, the practice of criminal abortion, conviction of crime involving mortal turpitude, or of unprofessional or dishonorable conduct. In complaints under this section the accused shall be furnished with a copy of the complaint and given a hearing before said board in person or by attorney, and witnesses may be heard for and on behalf of the accused, and for and on behalf of the said board. Appeal from the decision of the said board may be taken to the Court of Appeals of the District of Columbia, and the decision of said court shall be final. Said board may at any time within two years from the refusal or revocation of a license, or the cancellation of registration under this section, by a vote of four members, issue, without examination, a new license to the person so affected, restoring to him or her all the rights and privileges of which he or she had been deprived by said board.'

"It is contended by counsel for appellant that the Act of Congress 'in the particular involved, is unconstitutional and void, for that it makes the Board of Medical Supervisors both accuser and judge of the licentiate affected.' It is within the police power

of the State, for the protection of the life and health of the citizen, to prescribe general requirements which all persons must meet who seek to enter the medical profession. When the requirements are not unreasonable, and the procedure prescribed for the granting of licenses is uniform in its application, it will be upheld as constitutional. *Dent v. West Virginia*, 129 U. S., 114. On the same principle is the legislature vested with power to specify uniform grounds of procedure for revoking licenses. 'It is too well settled to require discussion at this day that the police power of the States extends to the regulation of certain trades and callings, particularly those which closely concern the public health. There is perhaps no profession more properly open to such regulation than that which embraces the practitioners of medicine. Dealing, as its followers do, with the lives and health of the people, and requiring for its successful practice general education and technical skill, as well as good character, it is obviously one of those vocations where the power of the State may be exerted to see that only properly qualified persons shall undertake its responsible and difficult duties.' *Watson v. State of Maryland*, 218 U. S., 173. Of the present act, this court, in the case of *Czarra v. Board of Medical Supervisors of the District of Columbia*, 25 App. D. C., 443, 33 Wash. Law Rep., 470, said: 'That Congress had the power to regulate the practice of medicine and surgery in the District of Columbia, and to prescribe the reasonable qualifications required by this act, as well as to create a special tribunal, and invest it with the power to revoke the licenses of practitioners for sufficient cause, there can be no doubt.'

"The procedure provided in the present case is not to be conducted by a court, but is in the nature of an investigation by an administrative board. There is nothing in the act to prevent any one from lodging with the board a proper complaint, upon which the board would have legal power to proceed. The complaint, in this instance, was not formulated by the board, as it is contended the statute requires, but it was filed by the Executive Committee of the Medical Society of the District of Columbia. The statute places the power of removal in the Board of Supervisors, states the several grounds which may form the basis for the revocation of a license, any one of which constitutes a separate cause of action, and requires that the accused shall be furnished with a copy of the complaint and be given a hearing. So far as the act is concerned—and, indeed, so far as public policy would seem to dictate—the complaint may originate from any source which the board may deem reliable. There is nothing in the act which even intimates either that the board is forbidden to formulate the complaint, or that it alone can make the complaint.

"The bar of limitations is invoked on three separate grounds. First, it is urged that as more than two years elapsed between the affirmance of the conviction by this court, when the board

could have acted, and the institution of the present action, the board is estopped because the act provides that the 'board may at any time within two years from the refusal or revocation of a license, or the cancellation of registration under this section, by a vote of four members, issue, without examination, a new license to the person so affected, restoring to him or her all the rights and privileges of which he or she has been deprived by said board.' The difficulty with this contention is that the limitation for reinstatement begins to run from the date of the revocation of the license, and not from the date when the cause of action accrues. This is too plain to need elaboration.

"The bar of limitations is invoked in the second place under section 1265, D. C. Code, which provides, among other things, that actions to enforce a statutory penalty or forfeiture can only be maintained within one year after the cause of action accrues. More than one year elapsed between the date when the judgment of conviction was entered upon the mandate of this court affirming the original judgment and the filing of the complaint in the present action. Conceding for the purpose of argument only, but not deciding the doubtful proposition that statutes of limitations have any application whatever to proceedings of this sort, is this a proceeding to enforce a penalty of forfeiture? We think not. The terms 'penalty' and 'forfeiture' are generally used synonymously. *Taylor v. The Marcella*, 23 Fed. Cas., 782; *Butler v. Butler*, 62 S. C., 165; *Crawley v. Commonwealth*, 123 Pa. St., 275. In the legal sense they relate to a statutory forfeiture of money payable as a punishment for a violation of a statute. *San Luis Obispo v. Hendricks*, 71 Cal., 242; *Village of Lancaster v. Richardson*, 4 Lans. (N. Y.), 135; *United States v. Four Hundred and Twenty Dollars*, 162 Fed., 803, 805.

"The revocation of the license is in the nature of a remedial measure for the protection of the public, and not a penalty or forfeiture. The statute does not provide *ipso facto* that a physician convicted of a crime involving moral turpitude shall thereby forfeit his right to continue in the practice of his profession. It merely makes that a cause of action for revocation of his license, and provides a tribunal and a remedy for the protection of society from being imposed upon by persons of immoral character practicing medicine. Instead of a statutory forfeiture, the whole matter is in the discretion and judgment of the board. If the board had refused to revoke appellant's license, the public would have been without remedy. The action is to revoke a license, and not to enforce a penalty or forfeiture. *State v. Schaeffer*, 109, N. W. (Wis.), 522.

"That the proceeding for the revocation of a license is not to enforce a forfeiture or penalty may be implied from the fact that the revocation is not in the nature of the imposition of an additional punishment for the past offense of which appellant was convicted. 'That the form in which this legislation is cast

suggests the idea of the imposition of additional punishment for past offences is not conclusive. We must look at the substance and not the form, and the statute should be regarded as though it in terms, declared that one who had violated the criminal laws of the State should be deemed of such bad character as to be unfit to practice medicine, and that the record of a trial and conviction should be conclusive evidence of such violation.

* * * The State is not seeking to further punish a criminal, but only to protect its citizens from physicians of bad character. The vital matter is not the conviction but the violation of law. The former is merely the prescribed evidence of the latter.' *Hawker v. New York*, 170 U. S., 189.

"But it is insisted that more than three years elapsed between the date of appellant's conviction in the Supreme Court of the District and the date of the filing of the complaint herein, and therefore, the general three-year statute of limitations applies. The judgment of conviction did not become final until entered upon the mandate of this court affirming the original judgment. The original judgment was suspended pending appeal. To hold otherwise would enable designing persons by appeal and delay to evade the operation of the act under consideration. The statute of limitations, however, only runs from the final act or determination of the action which is invoked as a bar to subsequent proceedings. Less than three years intervened in this case between the final judgment of conviction and the institution of this proceeding. It is, therefore, unnecessary to consider the application of the general three-year statute of limitations to a proceeding of this sort.

"The final contention of counsel is that 'the crime of which appellant was convicted is not one involving moral turpitude.' It is urged that the crime consisted merely of placing a letter in the mails. It involves not only the placing of a letter in the mails but a letter containing forbidden contents. It is the nature of the letter mailed which constitutes the crime. Had an abortion been committed as a result of the information contained in the letter by another than appellant himself, appellant would have stood in the relation of an accessory before the fact to the commission of the crime. Abortion is held to involve moral turpitude. *Widrig v. Oyer*, 13 Johns., 124; *Filber v. Dauterman*, 26 Wis. 518; *Bissel v. Cornell*, 24 Wend., 354. It can not be that one who paves the way for the commission of a crime involving moral turpitude is less immoral than the principal. The law recognizes no distinction. Says Bouvier, 'Everything done contrary to justice, honesty, modesty, or good morals, is said to be done with turpitude.' *Newell on Libel and Slander*, 3d ed., sec. 66, defines moral turpitude as 'an act of baseness, vileness or depravity in the private and social duties, which man owes to his fellowmen or to society, in general, contrary to the accepted and customary, rule of right and duty between man and man.'

"We are not concerned with the question of whether the crime of which appellant was convicted is a misdemeanor or a felony. Moral turpitude may be involved in the commission of a misdemeanor, as well as in the higher grade of crime. In *Halstead v. Nelson*, 36 Hun., 149, the court held that the mailing of a printed circular advertising articles for the preventing of conception and the procuring of abortion, and stating where the articles could be purchased, was a misdemeanor involving moral turpitude. The court said: 'Mailing a circular of the kind described in the statement of facts was, in 1878, an indictable misdemeanor by the laws of this State. * * * We think it cannot be questioned that the commission of the offence charged involves moral turpitude.' In the case of *In re Kirby*, 10 S. Dak., 322, an attorney was disbarred for receiving property belonging to the United States with the intention of converting it to his own use. This was held to involve moral turpitude. In the case of *In re Disbarment of Coffey*, 123 Cal., 522, extortion was held to involve moral turpitude so as to justify disbarment, moral turpitude being defined, following Bouvier, as 'everything done contrary to justice, honesty, modesty, or good morals.'

"Analyzing the motive which prompted appellant to write the letter, for the mailing of which he was convicted, but one conclusion can be reached—namely, a wilful and intentional disposition on his part, for a small pecuniary consideration to prostitute his high profession by paving the way for the commission of a base felony. It may be that a crime could be committed, by merely mailing a letter in violation of the act of Congress, without involving moral turpitude; but that would depend entirely upon the contents of the letter which forms the basis of the forbidden act. The law violated by appellant was not enacted to purge the mails of a particular class of mail matter, but for the protection of public morals and to prevent the promotion of crime. Abortion is an immoral, base crime; and he who aids and abets in its commission by an unlawful use of the mails is guilty of an act involving moral turpitude.

"The finding of the Board of Medical Supervisors is affirmed, with costs.

"Affirmed."

In this opinion, the court followed quite closely the theory of the brief filed on behalf of the Medical Society.

This entire action has met with very favorable comment and the Medical Society should be congratulated as a public benefactor for its untiring efforts to protect the public and the good name of the medical profession.

Very truly yours,

H. RALPH BURTON,
Attorney for Medical Society.

In Memoriam.

ERNEST FROTHINGHAM KING, M. D.

ERNEST FROTHINGHAM KING was born at Turner, Maine, November 29, 1858; received his education at Colby University, Waterville, Maine, and was graduated in 1880, and granted his A. M. degree in 1883.

He studied medicine at Howard University and was graduated in 1883 and entered practice in this city. In 1897 he removed to Hawaii, locating in Honolulu for a short time, and later going to Makaweli, Island of Kauai, where he spent three years.

After a year's study, divided between the special clinics of London, Berlin and Vienna, he returned to Washington in 1902, where he remained until his death, June 8, 1916. He was connected with Emergency Hospital and active especially in the dispensary service.

He was a member of the Sons of the American Revolution and of the Masonic Order—B. B. French Lodge and La Fayette Chapter, No. 5, R. A. M.

WHEREAS, The Medical Society of the District of Columbia has learned with deep regret of the death of its esteemed member, Dr. Ernest Frothingham King,

Therefore be it resolved, That by the death of Dr. King the Society has lost a loyal and valued member, and that we convey to his family our appreciation of his worth and our regret at his death.*

That a copy of these resolutions be sent to his family.

(Signed) COLLINS MARSHALL,
W. P. MALONE,
H. A. FOWLER,

Committee.

PROCEEDINGS OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

Wednesday, April 4, 1917.—President, Dr. G. Wythe Cook, presided; about 95 members present.

The Treasurer reported for March, receipts, \$54.00; disbursed, \$290.71.

Dr. Frank Leech, for the Executive Committee, reported the following resolutions, which were adopted:

(a) That a letter and brief from Dr. H. Ralph Burton setting forth the successful termination of the Kemp case be printed in the ANNALS, and that the Corresponding Secretary be instructed

* Adopted by the Medical Society May 23, 1917.

to write a letter to Mr. Burton congratulating him upon the outcome of the case and conveying the thanks of the Society. See page 249.

(b) Believing that it is possible and advisable to erect a building as a home for the Medical Society, we recommend to the Society that the President appoint a Building Committee to consist of thirty-nine members. It is further recommended that this committee be appointed as soon as practicable and be instructed to take up the subject without delay.

(c) That a committee of ten be appointed by the President to promote better attendance at the meetings of the Society.

(d) That the Society authorize the President of the Society and the legislative subcommittee to endeavor to obtain a Congressional charter for the Society.

(e) That Dr. Joseph S. Wall be designated to represent the Society in the work connected with Baby Week to be held in this city.

The Corresponding Secretary requested instructions with regard to inviting the Baltimore City Medical Society to a joint meeting; Dr. S. S. Adams moved that such an invitation be extended for whatever date the Committee on Program might find suitable. So ordered.

The following appropriations were ordered: Expenses, Recording Secretary, \$1.00; expenses, Corresponding Secretary, \$72.22; rent of meeting hall and use of lantern, \$69.00; telephone service, \$8.00; expenses of Centennial Committee, \$21.43; printing rosters of Society, \$10.00; total, \$181.65.

On motion of Dr. S. S. Adams a vote of thanks was extended to the Board of Medical Supervisors for their efforts to secure the revocation of the license of Dr. T. J. Kemp.

A Symposium on Achylia Gastrica constituted the program for the evening. The following participated: Dr. L. M. Hynson, Etiology; Dr. Wm. E. Clark, Symptomatology; Dr. Wm. Gerry Morgan, Relation to pernicious anaemia; Dr. J. Russell Verbrycke, Diagnosis; and Dr. W. J. Mallory, Treatment. Discussed by Drs. Neuman, Roy, Kebler, Brooks, Verbrycke and Mallory. See pages 242 and 244.

Wednesday, April 11.—President Cook presided; about 75 members present.

Dr. J. Lawn Thompson for the Program Committee, reported that the Baltimore City Medical Society had accepted the invitation and had indicated Wednesday, May 16, as a convenient date. The committee recommended that the meeting be held at the Continental Hotel; that each member attending be required to pay the per capita cost of his own entertainment, and that the cost of entertaining the Baltimore guests be paid out of the Society's treasury. The recommendations were adopted.

The Treasurer was instructed that the resolution assessing each

member three dollars to defray the expenses of the Centennial celebration applied to active members only.

The following committee appointments were announced: On *Building*, E. V. Davidson, chairman; C. W. Richardson, vice chairman; Atkinson, Barton, Biggs, Boswell, W. P. Carr, H. A. Fowler, Foye, Gannon, Gwynn, Hagner, H. H. Hazen, Hyde, Jackson, L. B. T. Johnson, L. A. Johnson, S. R. Karpeles, Kerr, F. Leech, D. O. Leech, Macatee, Mackall, T. N. McLaughlin, C. C. Marbury, W. Gerry Morgan, Mundell, Nichols, Rogers, Roy, Seibert, Stanley, Talbott, L. H. Taylor, Lawn Thompson, Ada R. Thomas, J. D. Thomas, C. S. White and Prentiss Willson. On *Attendance*: Boswell, Barton, Carrico, Gannon, Hyde, S. S. Adams, C. A. Simpson, Lawn Thompson, Davidson and Lemon.

Dr. Kober called attention to the desirability of the Society's being officially represented in the national activities concerned in military and Red Cross medical preparations, and moved that the local committee on medical preparedness and the similar committee on Red Cross medical work be designated the Society's committee for these purposes.

The report of a committee on Memorial to the late Dr. Wm. J. Dillenback was presented and adopted. See page 197.

Dr. A. Y. P. Garnett reported two cases of Pernicious vomiting of pregnancy cured by transfusion. Discussed by Drs. Duff Lewis, Randolph, Pagan, Isabel Lamb and Garnett.

Dr. H. C. Macatee reported a case of Hydramanios with anencephalic fetus; the specimen was presented. Discussed by Drs. Atkinson, D. S. Lamb, Kemble, Hough, Lemon, Abbe and Macatee. See page 248.

Dr. Wm. Cabell Moore read the paper for the evening, entitled: Cardiac syphilis. Discussed by Drs. Roy, Kemble, Randolph, Kober and Moore.

Wednesday, April 18.—President Cook presided; about 65 members present.

The motion of Dr. Kober's, on the 11th, was carried.

Dr. I. S. Stone, for the Committee on Necrology, submitted a memorial report on the late Dr. Walter W. Wilkinson and proposed resolutions of respect to his memory. Adopted. See page 196.

An appropriation of \$25.00 for postage for the use of the Treasurer was granted.

Dr. A. B. Hooe called attention to the importance of more members of the Society making early application for admission to the Medical Officers' Reserve Corps of the Army and urged members to take note of the fact that the local profession had thus far been backward in offering to serve the country.

Dr. T. M. Foley read the paper for the evening, entitled: The

after care of infantile paralysis. Illustrated with lantern slides. Discussed by Drs. Leake, Chappell, Frank Leech, C. L. Hall, G. Wythe Cook and Foley.

Wednesday, April 25.—President Cook presided ; about 75 members present.

The Corresponding Secretary transmitted a request from Dr. E. P. Copeland, Secretary of the Board of Medical Supervisors, for the appointment of a committee to confer with similar committees of certain other medical organizations of the District relative to the formulation of a new medical practice act. Referred to the Executive Committee for consideration.

Dr. Macatee proposed resolutions asking the early adoption by Congress of the army bill on the basis of universal service. The resolutions having to do with a matter of public policy, the by-law relating to such matters was set aside by unanimous vote, and the resolutions were adopted unanimously. See page 203.

The Corresponding Secretary was instructed to forward the resolutions to the chairmen of the Military Affairs Committees of the House and Senate.

The following appropriations were ordered : Stationery for the Treasurer, \$3.75 ; printing, \$46.23.

The Chair announced the death of Dr. Charles E. Hagner and requested the Committee on Necrology to take appropriate action.

The program being then in the hands of the Medical History Club, Dr. J. B. Nichols read an essay, entitled: American achievements in medicine. Discussed by Drs. Frank Baker, Garrison, Kober, Foote, A. B. Hooe, L. O. Howard, Prentiss Willson, N. D. Brecht, D. S. Lamb and J. B. Nichols. See page 149.

Wednesday, May 2.—President Cook presided ; those present included a number of members of the Association for the Prevention of Tuberculosis.

The following applications for membership were presented and referred to the Committee of Censors : Rudolph Bloom, George Washington University, 1914 ; James Spencer Hough, Georgetown University, 1893.

The Treasurer reported for April, receipts, \$988.25 ; disbursed, \$328.63.

Dr. Frank Leech, for the Executive Committee, reported the following recommendations, which were adopted :

(a) That the President be instructed to appoint a committee to confer with the Board of Medical Supervisors and a committee from the Homeopathic Medical Society relative to the formulating of a medical practice act.

(b) That a committee be constituted to be known as the Federation Committee, consisting of ten members to be appointed by

the President, together with the President or other designated representative of each secondary medical society in the District of Columbia, whose duty shall be to promote the relations between the secondary societies and the general Society, etc.

(c) That the draft of a letter be adopted and sent to Mrs. Frances C. Oxtell, vice chairman of the U. S. Employees' Compensation Commission, in reply to certain questions propounded by her.

The President appointed as the Committee on Medical Practice Act, Drs. L. B. T. Johnson, P. S. Roy and W. C. Borden.

The Corresponding Secretary asked instructions with regard to inquiries from officials of the public medical services regarding the qualifications of members seeking appointment in these several services. The officers of the Society were instructed to answer inquiries as to whether physicians are members of the Society and whether they are in good standing therein ; but to refer inquiries for more detailed information to the Committee on Medical Preparedness.

The Committee of Censors having made favorable report upon them the following were elected to active membership : William Turner Parsons, Johns Hopkins University, 1907 ; Laurretta E. Kress, University of Michigan, 1894 ; Arthur C. Christie, College of Physicians and Surgeons, Cleveland, Ohio, 1904.

To associate membership : Llewellyn Powell, Alexandria, Va. ; Samuel L. Hilton, Phar. D., Washington, D. C.

The program was under the auspices of the Association for the Prevention of Tuberculosis.

Mr. Frank H. Mann, Secretary of the Commission on the Prevention of Tuberculosis of New York City, addressed the meeting on Strategic Points in the Tuberculosis Campaign. Discussed by Mr. Walter S. Ufford, Dr. W. C. Woodward, Dr. Jos. A. Murphy and Mr. Mann.

Wednesday, May 9.—President Cook presided ; about 250 members present.

Dr. H. H. Hazen called attention to the threatened shortage of salvarsan and moved that a special committee be appointed to act at once in an effort to secure the abrogation or suspension of the patents limiting the manufacture of this drug. So ordered. The President appointed Drs. H. H. Hazen, H. A. Fowler and W. C. Woodward as the committee.

The program being upon the Medical Man's Duty in Time of War, Dr. F. F. Simpson, of the Medical Section, Council of National Defense, made an address upon the work of the organization.

Major R. C. Noble, Medical Corps, U. S. Army, spoke of the needs of the Army for medical officers.

Surgeon Jno. F. Murphy, U. S. Navy, spoke of the needs of the Navy.

Dr. Jas. F. Mitchell spoke on the Conservation of the Practices of Reserve Officers, and urged the adoption of the Baltimore plan.

On motion of Dr. Kober the principle of the Baltimore plan was adopted as the policy of this Society, and the Executive Committee was instructed to work out the details for submission to the Society at an early meeting.

A rising vote of thanks was given to the visiting speakers.

Wednesday, May 16.—Joint meeting with the Baltimore City and Baltimore County Medical Societies. President Cook presided; Drs. T. S. Cullen and M. F. Sloan, presidents of the visiting societies, were present also on the rostrum; and in the audience about 150 members, and about 80 guests from Baltimore.

The regular order of business was suspended, except a report by Dr. E. Y. Davidson, of the Building Committee, recommending the following resolution: That an assessment of five dollars *per capita* be carried against each member of the Medical Society, payable November 1st of each year. The fund thereby created to be employed solely and entirely as a site and building fund, and maintenance of such building when acquired, and that the Committee on Building be empowered to accept and solicit volunteer subscriptions from members of the Society and laymen to the building fund of the Medical Society of the District of Columbia. He requested that notice be given on the program cards that the resolution would be presented for action at the meeting to be held May 23. So ordered.

Dr. J. M. H. Rowland, of Baltimore, presented a communication on Pituitary extract in the induction of labor.

Dr. Llewellys F. Barker, of Baltimore, made an address on the main types of disturbance of internal secretion likely to be met with by the general practitioner. Illustrated by lantern slides.

Dr. Guy L. Hunner, of Baltimore, spoke on Stricture of the ureter in women; a report of 100 cases. Illustrated by lantern slides.

A vote of thanks was tendered the speakers, and after adjournment, a buffet supper was served.

Wednesday, May 23.—President Cook presided; about 95 members present.

Dr. Frank Leech, for the Executive Committee, recommended the adoption of a resolution providing for the protection of the practice of a physician called to active military duty during the present war.

The resolution was amended and adopted, and it was ordered that a copy be sent to every member of the Society.

"It is the sense of this Society that in the event of any of its members being ordered into the active service of the Government, his patients shall be attended by members who are not called into such

service ; that a careful record of such attendance shall be kept ; that one-half of the fees collected shall be promptly turned over to such physician or to any person designated by him ; that when patients are referred to him by a physician, or person who has not heretofore referred patients to him, he shall ascertain to whom in the immediate past they have usually referred patients, requiring the special services, and shall make return to the absent physician or his dependent ; and that any patient referred to above, for a period of one year following the resumption of active practice by the physician who has been in active service of the Government shall not be attended by the substituting physician. The foregoing shall likewise apply to consultation."*

Dr. D. S. Lamb, for Committee on Publication, presented a bill for \$205.52 for publishing the May number of the ANNALS, and asked an appropriation. Granted.

A report of a memorial committee, embodying resolutions of respect to the memory of the late Dr. Ernest F. King was presented and adopted. See page 256.

The Treasurer asked for an appropriation of \$26.15 for postage and soliciting advertising for the ANNALS. Granted.

Letters of resignation from Drs. Susan J. Squire, Thomas Glenn Jones and W. A. Ruble were presented.

A letter was read from Mr. H. Ralph Burton expressing his thanks for the honorarium given him by the Society.

The resolution introduced by the Building Committee at the last meeting was discussed and action postponed 'till the 30th.

Dr. Mary O'Malley read the paper for the evening, entitled : Some biologically anomalous people, and exhibited patients illustrating her paper. Discussed by Drs. M. W. Lyon, L. O. Howard, Tom A. Williams and O'Malley.

A vote of thanks was given the Women's Medical Society for the excellent program and the paper of Dr. O'Malley was highly commended.

Wednesday, May 30.—President Cook presided ; about 125 members present.

Dr. J. B. Nichols, for the Centennial Committee, reported that

* As the text of the resolution may appear somewhat obscure in places, the following paraphrase is submitted.

It is the sense of this Society that in the event of any of its members being ordered into the active service of the United States Government, his patients shall be attended by members not called into such service ; that a careful record of such attendance shall be kept by the substitute physician and one-half of the fees collected shall be promptly turned over to the physician in public service or some person designated by him ; that when patients are referred to the substitute physician by another physician or some person who has not previously referred patients to him, he shall ascertain to whom in the immediate past such patients have usually been referred, requiring special services, and he shall make return to the absent physician or his dependent ; and that any patient referred as stated above, shall not be attended by the substitute physician for a period of one year after the resumption of active practice by the physician who has been in the active service of the Government. The foregoing shall likewise apply to consultations.

substantial progress had been made in arranging the program for the centennial celebration and that the success of the occasion financially was already assured.

Dr. E. Y. Davidson, for the District of Columbia Committee of National Defense, transmitted a request from that committee for a special meeting of the Society to which all registered physicians of the District should be invited for the purpose of further stimulating enrollments in the Medical Reserve Forces of the army and navy. Authority granted.

Appropriations amounting to \$89.87 for expenses of conducting the business of the Society were granted.

On recommendation of the Executive Committee, the resignations of Drs. W. A. Ruble and Thos. Glenn Jones were accepted without reference to certain unpaid special assessments.

The dues of Dr. Susan J. Squires were remitted during her absence from the city, and those of Dr. Frank L. Biscoe were remitted during his incapacity from ill health; their names ordered carried on the rolls.

On motion of Dr. Kober, it was ordered that special assessments for objects from which non-resident members derive no benefit shall not be considered as obligatory dues from such non-resident members.

The following were dropped from the rolls for non-payment of dues: John W. Klemm, George J. Lochboehler, Jas. C. McGuire, John W. Sutherin.

The dues of Dr. John W. Burke for the years 1912, 1913 and 1914 were remitted in view of the fact that through inadvertence his name was not carried on the Treasurer's books for those years and bills were not sent to Dr. Burke.

The Chair appointed the following Federated Committee as provided by resolution adopted May 2: J. A. Gannon, E. B. Behrend, C. B. Conklin, T. A. Groover, C. M. Hammett, J. J. Madigan, Thos. S. Lee, Mary O'Malley, I. S. Stone and C. A. Simpson.

By unanimous consent, Dr. W. P. Carr exhibited for the second time a patient with extensive burns treated with ambrine.

The following was adopted:

Resolved, That an assessment of five dollars *per capita* be carried against each member of the Medical Society, payable November 1st of each year. The fund thereby created to be employed solely and entirely as a site and building fund, and maintenance of such building when acquired, and that the Committee on Building be empowered to accept and solicit volunteer subscriptions from members of the Society and laymen to the building fund of the Medical Society of the District of Columbia.

Dr. Davidson, for the Building Committee, then proposed the following, which was adopted:

"Whereas it is desirable and wise to establish the status of all

moneys derived from assessments for and raised by subscription to the Building Fund of the Society :

" *Be it resolved*, That all moneys derived from assessment for and subscription to the Building Fund of the Society be consolidated into a fund to be known as the 'Building Fund.'

"That the said Building Fund shall be deposited by the Treasurer of the Society in a reputable trust company in the District of Columbia.

" *Be it further resolved*, That in the event of the failure to erect a building, for the purpose of which the funds are to be obtained, the entire building fund shall be applied to the repayment to members of the Society and to those who may have subscribed to the fund—members or others—the exact amount contributed by them in the form of annual assessments and subscription."

WASHINGTON MEDICAL ANNALS.

Journal of the Medical Society of the District of Columbia.

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COMMITTEE ON PUBLICATION.

D. S. LAMB, A. M., M. D., LL. D., *Chairman and Editor*,
2114 Eighteenth St., N. W.

Associate Editors.

W. A. FRANKLAND, M. D.,	. . . . .	The Champlain.
F. W. BRADEN, M. D.,	. . . . .	628 East Capitol Street.
W. B. CARR, M. D.,	. . . . .	1418 L Street, N. W.
H. C. MACATEE, M. D.,	. . . . .	1478 Harvard Street, N. W.

Editorial.

HISTORY OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.—Price \$1.00, with 25 cents added if delivered in this city or sent by mail. Address Dr. C. W. Franzoni, 605 I Street, N. W. The books are in the custody of Dr. D. S. Lamb, at the Army Medical Museum.

THE WASHINGTON MEDICAL ANNALS.—Back numbers.—Members of the Society who have back numbers of the ANNALS, and do not intend to preserve them, are requested to send them to the Chairman of the Publication Committee. Requests for such numbers are frequently received.

NOTICE. DISCUSSIONS.—If corrections of discussions do not appear in the text, it is because they have not been received in time.

THE CENTENNIAL.

The Centennial Committee of the Medical Society of the District of Columbia is rapidly completing its plans for a celebration that will be worthy of the Society.

It is hoped that the President of the United States may be present at the opening session or at the banquet that is to be held in the evening.

The literary part of the program will be held in the hall of the National Museum on the afternoon of October 17, 1917, and will consist of an invocation by Rev. Wallace Radcliffe, introductory address by Dr. G. Wythe Cook, President of the Society; congratulatory address by Dr. W. H. Welch of Baltimore, historical sketch by Dr. D. S. Lamb, and an address by Dr. Charles Mayo of Rochester, Minn., late President of the American Medical Association.

The banquet will be held the same evening at the Raleigh Hotel, with Dr. Joseph S. Wall as toastmaster. Toasts have been planned as follows: "Welcome," Commissioner Oliver P. Newman; "Our Country," Senator Lodge; "Legislative Action for the District of Columbia," Senator Gallinger; "Army Medical Service," Gen. William C. Gorgas; Remarks by Presidents of visiting Medical Societies; Address by Dr. Edward Martin of Philadelphia; The "Future of the Medical Society," Dr. John B. Nichols.

Don't forget the date—October 17, 1917.

Every member of the Society is urged to be present at both meetings and make this celebration one of which we may all be proud.

THE OTHER MEDICAL SOCIETIES OF THE DISTRICT OF COLUMBIA.

THE CASUALTY HOSPITAL MEDICAL SOCIETY.—Meets on the first Friday in October, December, February and April. President, J. D. Rogers; Vice President, W. P. Wood; Secretary, S. B. Pole; Treasurer, C. J. Murphy. It is composed of the following members: N. P. Barnes, J. C. Blackistone, J. H. Diggs, W. A. Frankland, R. M. LeComte, D. O. Leech, J. J. Madigan, W. C. Sparks, A. E. Pagan, C. J. Murphy, C. B. Conklin, R. F. Dunmire, H. Jaeger, S. B. Pole, W. P. Reeves, J. D. Rogers, C. S. White, W. P. Wood, J. J. Mundell, J. R. Wellington.

The object of the Society is to promote the welfare of the Casualty Hospital and Eastern Dispensary.

CLINICAL SOCIETY.—Officers: H. H. Donnally, President; D. Webster Prentiss, Secretary and Treasurer; J. D. Thomas and L. A. Johnson, Censors. The Society meets the second Monday of each month. It has an active membership limited to twenty-five and an inactive membership of those who have finished a term of ten or more years of active membership.

CLINICO-PATHOLOGICAL SOCIETY.—Active membership limited to 25. Inactive membership: those who have withdrawn from active membership after fifteen years. A limited honorary membership of eminent medical men. Meets on the first and third Tuesdays of the month from October to May, inclusive. Officers: Loren B. T. Johnson, President; Thos. S. Lee, First Vice President; Jos. S. Wall, Second Vice President; H. H. Donnally, Secretary-Treasurer.

EMERGENCY HOSPITAL CLUB.—This club was organized early in 1915 by the members of the Staff of the Central Dispensary and Emergency Hospital. Meetings are held on the second Saturday of each month from September to May, inclusive; the officers are as follows—President, V. B. Jackson; Vice President, W. G. Young; Secretary-Treasurer, E. M. Ellison.

FREEDMEN'S HOSPITAL MEDICAL SOCIETY.—Meets on the second Wednesday of each month from October to May, inclusive. Composed of physicians connected with the Staff of the Hospital and the Medical Faculty of Howard Medical School. Collins Marshall, President; C. A. Brooks, Vice President; C. A. Allen, Secretary-Treasurer.

GALEN SOCIETY of the District of Columbia. Organized September, 1909.—E. C. Wilson, President; C. S. White, Vice President; E. W. Titus, Secretary-Treasurer. Membership limited to twenty-five. The Society meets on the first Monday after the third Sunday of each month from October to May inclusive.

GEORGETOWN CLINICAL SOCIETY; twenty-five active members, limited to graduates of the Medical Department of Georgetown University. Meets at the University Club on the third Tuesday in the month. John Foote, President; J. Russell Verbrycke, Jr., Treasurer.

GEORGETOWN UNIVERSITY MEDICAL SOCIETY.—Meets on the fourth Saturday of the month at the University Hospital. The membership consists of the Alumni, Faculty and Senior Students of the Medical School. J. A. Gannon, President; T. F. Lowe, Vice President; J. M. Moser, Secretary-Treasurer.

GEORGE WASHINGTON UNIVERSITY MEDICAL SOCIETY.—Organized 1905; membership limited to Alumni of School and Members of the Faculty. Meets in the Medical Building on the third Saturday of each month from October to May. President, C. B. Conklin; Vice President, W. G. Young; Secretary, Thomas Miller; Treasurer, E. G. Seibert; President's Council, Truman Abbe, J. Lawn Thompson, John Van Rensselaer, E. P. Copeland and W. A. Frankland. Active membership, 169.

HIPPOCRATES SOCIETY; membership limited to 25, with voluntary retired members after 10 years; meets on the second Thursday of the month from October to May. Officers for the year: J. R. Verbrycke, Jr., President; C. A. Simpson, Secretary.

MEDICAL HISTORY CLUB of Washington, D. C.—Officers: President, J. B. Nichols; Vice President, John Foote; Secretary, F. J. Stockman; Executive Committee, Frank Baker, F. H. Garrison, C. A. Pfender and the Officers. Members: Truman Abbe, Frank Baker, W. C. Borden, J. H. Bryan, G. Wythe Cook, John Foote, F. H. Garrison, Howard Hume, H. W. Lawson, W. J. Mallory, J. B. Nichols, C. A. Pfender, P. S. Roy, W. C. Rucker, F. J. Stockman, I. S. Stone, W. A. White.

MEDICAL AND SURGICAL SOCIETY of the District of Columbia.—President, E. P. Copeland; Vice President, H. H. Kerr; Secretary and Treasurer, L. Eliot; Asst. Secretary, J. H. Talbott; Executive Council, John Dunlop, H. P. Parker, H. G. Fuller, L. H. Reichelderfer and Eliot. The Society membership is limited to 25 active members; 10 honorary members; and inactive members, those who have completed a term of ten years service. The meetings are held on the first Thursday in each month from October to May.

SOCIETY OF MEDICAL JURISPRUDENCE, Washington, D. C.—President, Dr. D. P. Hickling; Vice President, J. M. Kenyon; Secretary-Treasurer, Spencer Gordon. Meets on the second Monday of each month from October to June at University Club. Has from forty to fifty members.

SOCIETY OF OPHTHALMOLOGISTS AND OTOLOGISTS, Washington, D. C., meets the third Friday of each month from October until May, inclusive. Officers: President, A. H. Kimball; Vice President, Mead Moore; Secy.-Treasurer, Carl Henning, The Rochambeau. Active members: A. B. Bennett, Jr., J. W. Burke, V. Dabney, W. T. Davis, L. S. Greene, C. M. Hammett, Carl Henning, W. H. Huntington, E. B. Jones, A. H. Kimball, R. S. Lamb, F. B. Loring, O. A. M. McKimmie, W. B. Mason, M. E. Miller, Mead Moore, S. B. Muncaster, W. S. Newell, J. J. Richardson, G. S. Saffold, E. G. Seibert, E. A. Taylor, R. R. Walker, W. A. Wells. Inactive members: J. H. Bryan, W. K. Butler, Wm. H. Fox, W. P. Malone, H. A. Polkinhorn, C. W. Richardson, D. K. Shute, W. H. Wilmer. Associate Member: T. C. Lyster, U. S. Army.

SOCIETY OF MENTAL HYGIENE, District of Columbia.—President, Gen. Rupert Blue; Vice President, Cuno H. Rudolph; Treasurer, Miss Nellie Sedgley; Dr. Wm. A. White, Chairman Executive Committee; Dr. D. Percy Hickling, Secre-

tary. Chief objects of the committee : To work for the conservation of mental health ; for the prevention of mental disease and mental deficiency and for the improvement in the care and treatment of those suffering from nervous or mental diseases or mental deficiency.

SOCIETY OF SOCIAL HYGIENE, Washington, D. C.—President, Dr. Charles F. Stokes, U. S. Navy ; Secretary, Lt. Col. J. R. Kean, U. S. Army, Surgeon General's Office. The Society has four committees, namely : Education, Venereal Diseases, Protection of Women and Children, and Psychopathology. Yearly dues, \$1.00. Persons desiring to become members should address Col. Kean and state to which committee they wish to be assigned.

THERAPEUTIC SOCIETY of the District of Columbia.—Meets at the G. W. School of Pharmacy, 808 I Street, N. W., on the first Saturday in each month. E. W. Burch, President ; A. P. Tibbets, Secretary.

WALTER REED MEDICAL SOCIETY meets on the fourth Thursday of every other month, from September to May inclusive. Composed of physicians located in the eastern part of Washington. J. S. Arnold, President ; H. R. Schreiber, Vice President ; M. H. Prosperi, Secretary ; N. E. Webb, Treasurer.

WASHINGTON MEDICAL AND SURGICAL SOCIETY.—President, ———— ; Vice President, R. R. Walker ; Secretary, Walter Van Sweringen ; Treasurer, F. E. Gibson ; Curator and Librarian, E. H. Egbert ; Executive Committee : L. H. Taylor, Chairman, G. S. Clark, G. S. Barnhart ; Program and Auditing Committee : Wm. A. Jack, Jr., Chairman, J. R. Nevitt, Walter Van Sweringen ; Membership Committee : F. E. Gibson, Chairman, Wm. P. Reeves, Caryl Burbank.

WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY.—President, J. F. Moran ; Vice Presidents, G. B. Miller, Prentiss Willson ; Secretary, Truman Abbe ; Treasurer, D. W. Prentiss. Retired members—G. N. Acker, S. S. Adams, E. A. Balloch, J. W. Bovée, W. S. Bowen, W. P. Carr, G. Wythe Cook, M. F. Cuthbert, H. D. Fry, J. T. Johnson, D. G. Lewis, A. R. Shands, E. E. Morse, Elmer Sothoron, John Van Rensselaer.

WASHINGTON PSYCHOANALYTIC SOCIETY.—Meets the second Saturday of each month, from October to May, inclusive. Membership limited to 25. D. Percy Hickling, President ; Alfred Glascock, Vice President ; A. A. Wilson, Secretary.

WASHINGTON SOCIETY OF NERVOUS AND MENTAL DISEASES.—President, W. M. Barton ; Vice President, Edward Kempf ; Secretary-Treasurer, J. J. Madigan. Program Committee ;

John Lind, Carl Henning and J. J. Madigan. The Society has a limited membership of thirty, but welcomes Physicians and Surgeons interested in Neurology and Psychiatry. Meets monthly on the third Thursday at the Cosmos Club or a member's residence.

THE WASHINGTON SURGICAL SOCIETY.—Meets at 1621 Conn. Ave. the third Friday of the month at 8 P. M. The officers are H. A. Fowler, President; D. W. Prentiss and Walter Webb, Vice Presidents; H. G. Fuller, Secretary, and J. A. Gannon, Treasurer. Members of Council, H. D. Fry, J. F. Moran and the officers.

WOMEN'S MEDICAL SOCIETY of the District of Columbia. —President, Mary O'Malley; Vice President, Amy J. Rule; Secretary and Treasurer, Lauretta E. Kress; Corresponding Secretary, Edith Se Ville Coale.

THE SECRETARIES of the other Medical Societies of this District are reminded that the ANNALS will publish the schedules of their meetings.

AMENDMENTS TO THE CONSTITUTION AND BY-LAWS.—The following amendments have been made since the publication in Volume XII, March, 1913.

Constitution.—Article V, Section 4, adopted Nov. 4, 1914: before the words "Due notice" on page 142, insert "No application for membership that is rejected or withdrawn shall be renewed until after two years from the time of its rejection or withdrawal."

Section 10, same article, adopted Jan. 7, 1914: for "two years" substitute "one year." At the end of the section, add the words "Members so dropped may, after report by the Committee of Censors, be reinstated by the Society upon the payment of arrears in dues." Adopted March 1, 1916.

Section 13, same article, adopted March 7, 1917. Strike out the words: "and members of the dental, pharmaceutical and veterinary professions."

Section 14, same article. For the words "any three members" substitute "the Executive Committee." Adopted January 3, 1917.

Article VI, Section 5, adopted Jan. 6, 1915: in the last line, for "two" substitute "three."

Article VIII, Section 2, page 148, 4th line from top: for the word "disorders" substitute the word "diseases."

Article IX, Section 2, first line, for the word "four" substitute "five." Adopted March 1, 1916.

By-Laws.—Article VIII, Section 9, page 153, adopted Jan. 7, 1914: No member of the Staff of any hospital receiving patients in private rooms shall attend such private patient sent to the

hospital by a member of the Society, not a member of the Staff, unless specifically requested to do so by the attending physician.

Please note that the figures in Sections 7 and 8 of this article, instead of being 7 and 8 should be 5 and 6.

SOME SPECIAL COMMITTEES OF THE SOCIETY :

On First Aid Conference.—Drs. C. S. White, H. H. Kerr and W. P. Reeves.

On Regulation for Control of Contagious Diseases.—Drs. Frank Leech, H. H. Donnally, S. S. Adams, W. C. Woodward, N. P. Barnes, J. S. Wall and L. B. T. Johnson.

On Meeting Place of Society.—Drs. G. Wythe Cook, A. B. Hooe, A. R. Shands and J. D. Thomas.

On American Red Cross.—Drs. L. H. Reichelderfer and L. B. T. Johnson.

Memorial Committees.—On the death of Dr. Woodman ; Drs. Clark, Kerr and Jaeger. On the death of Dr. J. H. Ramsburgh ; Drs. C. C. Marbury, Gwynn and Selby.

Committee on Building.—Dr. E. Y. Davidson, chairman ; Drs. W. H. Atkinson, W. M. Barton, J. Rosier Biggs, A. W. Boswell, W. P. Carr, H. A. Fowler, A. Frances Foye, J. A. Gannon, W. C. Gwynn, F. R. Hagner, H. H. Hazen, C. W. Hyde, V. B. Jackson, L. B. T. Johnson, L. A. Johnson, S. R. Karpeles, H. H. Kerr, Frank Leech, D. Olin Leech, H. C. Macatee, Louis Mackall, T. N. McLaughlin, C. C. Marbury, W. Gerry Morgan, J. J. Mundell, J. B. Nichols, C. W. Richardson, J. D. Rogers, P. S. Roy, E. G. Seibert, A. C. Stanley, J. A. Talbott, L. H. Taylor, J. Lawn Thompson, Ada R. Thomas, J. D. Thomas, C. S. White, Prentiss Willson.

Committee on Attendance.—Drs. A. W. Boswell, W. M. Barton, A. J. Carrico, J. A. Gannon, C. W. Hyde, S. S. Adams, C. A. Simpson, J. Lawn Thompson, E. Y. Davidson, H. T. A. Lemon.

Centennial Committee.—Dr. J. B. Nichols, Chairman. Drs. S. S. Adams, Bishop, Blackistone, Boswell, W. P. Carr, G. Wythe Cook, Copeland, Cox, Davidson, Foley, Foote, Gannon, Gwynn, Hagner, Henning, A. B. Hooe, Hyde, Jack, Jackson, L. A. Johnson, S. R. Karpeles, Kerr, Kober, D. S. Lamb, Frank Leech, Lemon, Linville, Lowe, Macatee, T. N. McLaughlin, C. C. Marbury, Thomas Miller, Moran, Gerry Morgan, Mundell, T. E. Neill, Mary Parsons, Reeves, C. W. Richardson, Rogers, Roy, Schreiber, Seibert, Selby, R. Y. Sullivan, Talbott, Tayler-Jones, Tewksbury, J. D. Thomas, J. L. Thompson, Verbrycke, Wells, Wolfe.

Council of National Defense, Medical Section, District Committee, Dr. G. T. Vaughan, Chairman ; H. C. Macatee, Secretary, S. S. Adams, J. W. Bovée, W. C. Braisted, U. S. Navy, Rupert Blue, Public Health Service, the Commandant of the Army

Medical School, E. Y. Davidson, W. C. Gorgas, U. S. Army, B. L. Hardin, A. B. Hoee, J. R. Kean, U. S. Army, J. F. Mitchell, R. E. Noble, U. S. Army, Earl Phelps, J. J. Richardson, Sterling Ruffin, W. H. H. Sowers, I. S. Stone, W. D. Webb, U. S. Army, W. H. Wilmer, W. C. Woodward.

Committee on Salvarsan.—Drs. H. H. Hazen, H. A. Fowler, W. C. Woodward.

Committee on Cancer.—Drs. Karpeles, Frank Hagner, Balloch, W. C. Borden, W. P. Carr, Vaughan, J. F. Mitchell, Sprigg, C. W. Richardson, Gannon and Abbe.

Committee on Control of the Tuberculous: Drs. Frank Leech, Wall, G. Wythe Cook, Roy, J. Lawn Thompson, Nichols and Barton.

Committee on Necrology: Drs. I. S. Stone, M. F. Thompson, R. C. Ruedy, J. A. Stoutenburgh and J. W. Chappell.

Committee on Medical Practice Act, to confer with Board of Medical Supervisors and a committee of the Homoeopathic Medical Society: L. B. T. Johnson, P. S. Roy and W. C. Borden.

CENTENNIAL CELEBRATION.—October 17, 1917, has been selected as the day on which the Medical Society of the District of Columbia will celebrate the One Hundredth Anniversary of its birth. An elaborate literary program and banquet with prominent speakers and visitors from all parts of the country are features of the proposed celebration.

It is sincerely hoped that every member of this Society will become interested and do his part towards making this celebration a great success.

PRIZES.—The American Academy of Medicine announces two prizes as follows:

1st. For 1918, \$100.00. "The principles governing the physician's compensation in the various forms of social insurance."

2d. For 1921, \$250.00. "What effect has child labor on the growth of the body."

For further information address Dr. T. W. Grayson, Secretary, 1101 Westinghouse Building, Pittsburgh, Pa.

ALCOHOL AND THE AMERICAN MEDICAL ASSOCIATION.—The Association at its last meeting in New York City adopted the following: Whereas we believe that the use of alcohol as a beverage is detrimental to the human economy, and whereas, its use in therapeutics as a tonic or a stimulant or as a food has no scientific basis, therefore, be it Resolved, That the American Medical Association opposes the use of alcohol as a beverage, and and be it further Resolved, That the use of alcohol as a therapeutic agent should be discouraged.

MEDICAL PREPAREDNESS.—Dr. J. C. Bloodgood, of Baltimore, Md., sends a circular letter to the American Medical Editors Association, asking the journals to publish the following:

"The Medical Departments of the Government are responsible for the examination of the recruits, the hygiene of camps and for the care of the wounded.

"The Surgeon Generals as yet have not been given full authority and the ample means to meet this responsibility.

"The President as Commander-in-Chief can give the Surgeon Generals full authority. Congress can give them the ample means. But up to the present time neither the President nor Congress has been able to give them a sufficient number of men from the Medical Profession, as it is a volunteer service.

"If the President gives the Medical Departments the authority and Congress gives them the means, it is up to the Medical Profession of the Country to furnish the men."

MEDICAL SOCIETY RECIPROCITY.—"On the evening of May 16, the Baltimore City Medical Society and the Baltimore County Medical Society returned the visit of the District of Columbia Medical Society by going to Washington as the guests of the District Society. The occasion was a very pleasant one. The meeting was held at the Hotel Raleigh, and was very largely attended. The Baltimore Society furnished the scientific entertainment and the Washington colleagues the gastronomic one. Both were excellent. Dr. Jas. M. H. Rowland gave a very instructive talk upon pituitrin in labor; Dr. Llewellys F. Barker on the organs of the internal secretion in the production and cure of disease; and Dr. Guy L. Hunner on stricture of the ureter. The address of Dr. Barker, illustrated with lantern slides of typical cases, was highly appreciated. Dr. Hunner's remarks were also illustrated and were very instructive." From *Maryland Medical Journal*, June, page 157.

DEAFNESS.—The Superintendent of the Volta Bureau says: "Please tell your readers that any hard-of-hearing person can secure literature that may prove helpful, by addressing the Volta Bureau, 1601 35th Street, N. W., Washington, D. C. We do not give medical advice, we have no medicines or instruments for sale, and we do no teaching."

PELLAGRA.—The Metropolitan Life Insurance Company of New York City, based on the experience of the company, states that the death rate from this disease diminished very much in 1916; it was 46 per cent. less than in 1915. This lessened rate was apparently due to the better dietetic conditions in the States where the disease mainly prevails. It occurs more often among the colored than the white, and more often in the female than the male part of the inhabitants.

THE PUBLIC LIBRARY OF THE CITY wants to get the following publications: WASHINGTON MEDICAL ANNALS for January, 1907. Also the following Regulations, etc., of the Medical Association of the District: 1833, 1845, 1848, 1854, 1861, 1870, 1873, 1878, 1890, 1893, 1909.

THE NATIONAL COMMITTEE FOR MENTAL HYGIENE has created a subcommittee on furnishing hospital units for nervous and mental disorders to the United States Government, the project having been approved by Surgeon General W. C. Gorgas, of the U. S. Army.

This subcommittee, of which Dr. Pearce Bailey of New York is chairman, is authorized to secure the services of alienists and neurologists to be commissioned in the Officers' Reserve Corps, Medical Section, and to serve in the neuro-psychiatric units which are to be attached to the base and other hospitals of the military services of the United States. Further information will be given and application forms sent to physicians qualified in this branch of medicine, on application by letter or in person to the National Committee for Mental Hygiene, 50 Union Square, New York City.

MORTALITY IN THE UNITED STATES IN 1915.—Report of Census Bureau. The number of deaths in the Registration Area of the United States in 1915, was 909,155, or 13.5 per thousand of population, the lowest death rate yet recorded. The Registration Area comprises 67.1 per cent. of the estimated population of the whole United States. In this area are 25 of the 48 States, and also 41 cities of the non-registration States. Of the deaths 8.6 per cent. were of colored persons. Of the total deaths 54.4 per cent. were of males, 45.6 females. Children under one year comprised 16.3 per cent. of all deaths, children under five years 22.4 per cent., more than one-fifth of all the deaths. In Washington the deaths were 18.1 per thousand; white 15.1, colored 26.2. This rate was higher than in 1913 and 1914.

The total number of deaths by some diseases was as follows, beginning with the largest number: Organic disease of heart 99,053; Tuberculosis of lungs 85,993; Bright's disease and Acute Nephritis 70,500; Violent deaths except suicides 56,076; Pneumonia 55,825; Malignant tumors 54,584; Congenital debility and Malformations 51,101; Diarrhoea and enteritis in children under 2 years 40,094; Senility 12,392; Suicide 11,216; Influenza 10,768; Diphtheria and Croup 10,544; Cirrhosis of liver 8,439; Appendicitis and Typhlitis 8,397; Typhoid fever 8,332; Hernia 7,577; Tubercular Meningitis 5,445; Whooping cough 5,421; Puerperal septicemia 4,214; Measles 3,649; Scarlet fever 2,419.

LIFE EXTENSION INSTITUTE, 25 West 45th Street, New York City. Dr. Eugene Lyman Fisk, Medical Director of the Life

Extension Institute, 25 West 45th Street, New York City, has been appointed a member of the Sub-committee on Alcohol of the Committee on Hygiene and Sanitation of the General Medical Board of the Council of National Defence, of which Surgeon General Rupert Blue is chairman. Surgeon General Rupert Blue is also a member of the Life Extension Institute's Hygiene Reference Board, which is composed of one hundred of the most eminent scientists in the United States and Europe.

HOW CANADA TAKES CARE OF SOLDIERS' CHILDREN.—In Canada two notable elements have been added to the Government provision for soldiers and their families: First, insurance on the lives of soldiers is carried by various municipalities, and, second, the Dominion has undertaken as a part of its military system the reëducation, in a suitable occupation, of the disabled soldier so that he can assume again, in whole or in part, the care of his family. The Canadian compensation for the soldier and his family includes not only \$33 of monthly pay for the private in active service but a separation allowance to his dependents of \$20 a month from the Dominion Government and further assistance in special cases from the Canadian Patriotic Fund. For example, the wife of a private soldier with three children between the ages of 10 and 15 may receive either \$15 or \$20 from the assigned pay of her husband, \$20 separation allowance, and \$25 from the Canadian Patriotic Fund, or in all \$60 or \$65 a month. If her husband is killed she will receive \$40 a month for herself, and an additional \$6 a month for each of her children until her boys are 16 years of age and her girls are 17 years of age. In addition, if she lives in Toronto or one of a number of other cities, she will receive life insurance. This will be paid to her in monthly installments unless she shows that she needs the entire amount at once to pay off a mortgage or to make a start in business. If her husband is disabled, she will receive a special maintenance allowance while he is having medical treatment and learning a new occupation, and when he is finally discharged, if his physical disability continues, a pension will be paid according to the extent of his disability and the number of his children under 16 or 17 years of age.

REVIEW.

MEDICAL STUDENTS AND PRACTITIONERS who desire a ready reference to the *Materia Medica* with a practical and convenient alignment between drugs used and the purpose for which they are employed, will find in Dr. Barton's *Therapeutic Index* a useful book. A critical study of the prescriptions presented show

these to be sound models of the art of drug combination, which can be safely and profitably studied by the student or young practitioner who is trying to master the application of drug treatment in disease. Not a few older practitioners might well resort to such a guide with satisfaction to themselves and profit to their patients.

The writer has well fulfilled the rather restricted rôle declared in his preface and set forth in his title. To criticise the volume as an adequate text-book on *Materia Medica* would be hypercritical and unjust to the author, who has not intended such an undertaking.

Occasional errors occur in the numerical statement of quantities, and in carrying through the prescription formulæ the complete readjustment to the latest edition of the *Pharmacopoeia*. These detract but little from the merits of the book, and serve to illustrate what is realized by only a few, that proof reading is a fine art.—B. M. RANDOLPH.

RECENT PUBLICATIONS BY PHYSICIANS OF THE DISTRICT OF COLUMBIA.

- W. H. Arthur, U. S. A.; Carrel's method of wound sterilization; *Military Surgeon*, May, 489.
- W. M. Clark and H. A. Lubs; Colorimetric determination of hydrogen ion concentration and its applications in bacteriology; *Jour. Bact.*, May, 191.
- C. B. Conklin; Hydrocephalus, spina bifida and double talipes calcaneus in the same fetus; *N. Y. Med. Jour.*, May 19, 937.
- V. Dabney; Edema of mouth, pharynx, tongue and epiglottis due to eating brazilnut; *Jour. A. M. A.*, May 19, 1476.
- R. C. Derivaux; The work of the United States Public Health Service with reference to malaria; *South. Med. Jour.*, June, 472.
- John Dunlop; Case of sciatica of low back origin; *Va. Med. Semi-Mo.*, May 11, 68.
- A. B. Evarts; Comparative study of cases showing thalamic lesions at necropsy; *Jour. Nerv. and Ment. Dis.*, May, 385.
- H. A. Fowler; Experience with papaverin in treatment of ureteral calculus; *Annals Surgery*, May, 611.
- F. R. Hagner; Case of bilateral polycystic kidney; *Ibid.*, 580. Also, Renal lesions; *Va. Med. Semi-Mo.*, June 22, 132.
- H. H. Hazen; Syphilis of circulatory organs; same jour., May 25, 87.
- L. A. LaGarde, U. S. A.; Surgeon and military preparedness; *Military Surgeon*, May, 511.

- R. S. Lamb; Internal secretory system and the eye; *Ophthalmology*, April, 434. Also, Fibrolysin in treatment of ocular diseases; *Arch. Ophthalm.*, May, 233.
- J. E. Lind; Dietetic fads and fancies; *N. Y. Med. Jour.*, April 28 and May 12.
- G. W. McCoy, P. H. S.; Usefulness of serums and vaccines under war conditions; *Jour. A. M. A.*, May 12, 1401.
- W. J. Mallory; Colon lesions; *Va. Med. Semi-Mo.*, June 22, 137.
- G. B. Miller; Review of 300 obstetric cases in private practice; *Amer. Jour. Obstet.*, May, 798.
- J. J. Mundell; The present status of pituitary extract in labor; *Jour. A. M. A.*, June 2, 1601.
- J. A. J. Pfeiffer; Anatomic findings in case of progressive lenticular degeneration; *Jour. Nerv. and Ment. Dis.*, April, 289; abstract in *Jour. A. M. A.*, May 19, 1507.
- C. A. Pfender; Roentgenotherapy in inoperable carcinoma; *Med. and Surg.*, April.
- R. C. Ransdell; U. S. Naval Hospital and Medical School; *N. Y. Med. Jour.*, May 5, 817.
- M. A. Reasoner, U. S. A.; Experimental syphilis produced through local applications to mucous membranes; *Amer. Jour. Syphilis*, April 1, 478.
- L. H. Reichelderfer; Appendicitis; *Va. Med. Semi-Mo.*, June 22, 131.
- C. A. Simpson; Practical points in Roentgen therapeutics; *Jour. Cutan. Dis.*, April, 231.
- A. L. Stavelly; Salpingitis; *Va. Med. Semi-Mo.*, June 22, 133.
- J. D. Thomas; Reflex pain from chest; *Ibid.*, 134.
- J. L. Thompson; The uses and abuses of digitalis; *Ibid.*, 143.
- J. R. Verbrycke, Jr.; Peptic ulcers; *Ibid.*, 136.
- G. T. Vaughan; Intestinal obstruction; report of case of torsion of mesentery; same jour., May 25, 89. Also, Treatment of fractures of femur, especially in the old; *Annals Surg.*, April, 491.
- W. A. White; Psychoanalytic tendencies; *Amer. Jour. Insanity*, April, 599. Also, Psychoanalysis and the practice of medicine; *Jour. A. M. A.*, June 2, 1591. Also, Underlying concepts in mental hygiene; *Mental Hygiene*, January, 7.
- R. R. Williams; Chemical nature of vitamins; structure of curative modifications of hydroxy-pyridinis, *Jour. Biol. Chem.*, April, 495; abstract in *Jour. A. M. A.*, May 12, 1435.
- T. A. Williams; Pathogenesis of some nonpsychogenetic types of functional nervous disorders; *West Va. Med. Jour.*, March, 316. Also, Management of confusional states with special reference to pathogenesis; *Florida Med. Assn. Jour.*, April, 292. Also, Functional and organic differentiation in nervous diseases as shown by cases; *Maryland Med. Jour.*, May, 108.

PERSONAL NOTES.

Dr. J. H. Bryan was elected Librarian of the American Laryngological Society, May 30, at the meeting at Atlantic City.

Dr. G. Wythe Cook is Chairman of the Committee on Rules and Order of Business of the American Medical Association.

Dr. E. P. Copeland was elected Secretary of the Association of American Teachers of Diseases of Children at the meeting, June 4, in New York City.

Dr. B. Alice Crush died June 21. Dr. Crush was born at Newcastle, Va., Oct. 11, 1848, and graduated in medicine at the Columbian University Medical School in 1894. She joined the Medical Society October 5, 1904, and resigned January 12, 1909. Her picture appears in halftone 68 in the History of the Medical Society.

Dr. W. G. Erving went to England in May to serve in one of the English hospitals.

Dr. Hubbard Gillette died May 12. He came into the Society July 10, 1911, from the Medical Association. He was buried at Rock Creek Cemetery. His wife was Maude H. Kintley.

Dr. A. J. Hall, M. R. C., has been ordered to Fort Hamilton, N. Y.

Dr. Josiah Baker Henneberger, U. S. Army, was married May 5 to Miss Gabrilla Edilena Lussell, both of this city.

Richard S. Hill of Upper Marlboro, Md., died June 12, in this city, age 53. He was Special Agent for investigating foreign and domestic markets for the sale of Maryland Tobacco. He was sometime a member of the Medical Society of this District. M. D. 1886, Georgetown Medical School. Was a Director of Maryland State Farmer's Institution and at one time a member of the Maryland legislature.

Dr. L. C. Lehr of the Officers Reserve Corps has gone to London with Dr. H. H. Young of Baltimore.

Mrs. Emma Simpson McKim, widow of Dr. S. A. H. McKim, died July 1, age 76. Buried at Congressional Cemetery.

Dr. T. N. McLaughlin was married June 20 to Miss Madge Gazzam Irwin, sister of Mrs. Horace Stuart Cummings, of 1756 K St., N. W.

Dr. John McMullin, P. H. S., was elected Second Vice President of the A. M. A. at the June meeting.

Mrs. Elizabeth Drucilla Moulden, widow of the late Hon. Aquilla Fletcher Moulden, and mother of Dr. W. R. Moulden of this Society, died at the Emergency Hospital June 2, the result of an accident; age 72. Burial at Glenwood.

Mr. John L. Norris, father of Dr. John L. Norris, and a civil war veteran and clerk in the War Department, died recently in his 85th year.

Dr. B. M. Randolph, M. R. C., has been ordered to Walter Reed Hospital.

Dr. Laura Marie Reville died at Plaquemines Parish, La., June 6, of acute dysentery. Dr. Reville was born Nov. 1, 1847, in Ohio County, Indiana; graduated at the Woman's Medical College, Philadelphia, in 1890; joined the Medical Society Oct. 7, 1903; her name was dropped in 1910.

Dr. A. R. Shands was elected President of the Southern Railway Surgeons' Association at the meeting at Jacksonville, Fla., May 15 to 17.

Dr. Peter H. Steltz, of this Society, died June 5; was buried at Allentown, Pa. His wife was Rachel Y. Steltz. Dr. Steltz was born Dec. 8, 1868, at Allentown; graduated 1888 at the University of Pennsylvania; was Resident Physician at the German Hospital, Philadelphia; was Medical Examiner of the Pennsylvania Railroad Company and at the Washington Terminal. His portrait appears in halftone 70.

Dr. W. A. Wells was elected a member of the Council of the American Laryngological, Rhinological and Otological Society, at the last meeting.

Dr. W. A. White of St. Elizabeth's, attended the meeting of the Book and Journal Club of the Medical and Chirurgical Faculty of Maryland March 27, and discussed "Reid's Rhapsodia."

Dr. Tom A. Williams has gone to France with his family; Neurologist in the French service; will remain until October, 1918. His patients and correspondence he leaves in the hands of Dr. E. G. Mitchell, 15 Seventh Street, northeast.

At the last meeting of the American Medical Association in New York City, 58 physicians from Washington registered.

At the last meeting of the Medical Society of Northern Virginia and the District of Columbia, May 16, at Warrenton, Va., Dr. J. R. Verbrycke, Jr., was elected one of the Vice Presidents, Dr. R. S. Lamb was elected Treasurer, Dr. T. A. Groover Recording Secretary and Dr. J. D. Rogers Corresponding Secretary.

WASHINGTON MEDICAL ANNALS

WANTED.

MEDICAL OFFICERS for the ARMY and NAVY.

The Government is raising an immense army of volunteers and conscripts to carry on the war to a successful and, we hope, an early termination.

Every army must be supplied with a personnel of medical officers of adequate number and well trained. While provisions have been made to raise the required number of men for the fighting force, it has been left to members of the medical profession of this country to come forward voluntarily, seeking commissions in the Medical Reserve Corps.

Comparatively few of the total number required have applied for commissions. This means that unless immediate action is taken by the profession voluntarily, the men in the army now being organized will be without sufficient medical care. Such a condition would be more than critical and dangerous for the success of our army and the cause in which we are enlisted. The medical officer plays a most prominent part not only in keeping the army on its feet and physically fit for fighting, but in returning to the ranks a large percentage of those who have been temporarily put out through casualties.

In civil life, when great casualties occur, the doctor readily offers his services and usually is the first on the scene to save human life. How much more important is it then, that in this critical situation, he should come forward and offer his valuable aid to preserve not only human lives, but the life of the nation itself.

Application blanks for commissions in the Medical Reserve Corps are being printed in many medical journals or will be sent by the Surgeon General's Office or can be secured from members of the Local Board of Examiners, of which Dr. (Major) A. B. Hooe, 1220 Sixteenth Street, northwest, is president.

In round numbers, there are about 150,000 physicians listed in our medical directories. Deducting from this number 50,000 names of those who are not in practice or are physically incompetent, there are 100,000 that should be available. Of this number the Surgeon General's Office requires 20,000, or one-fifth of the active practitioners, as officers in the Medical Reserve Corps of the United States Army.

The unfounded and possibly maliciously circulated reports of the casualties among the medical profession in the armies abroad have deterred many from applying for commissions. In reality the number killed on the entire western front from the beginning of the war to June 27, 1917, a matter of nearly three years, was 195.

The lowest commission offered a doctor is first lieutenant, which draws in pay \$2,000 a year; captains receive \$2,400 and majors \$3,000. The cost of equipment is about \$150.00 to \$175.00, according to the desires of the individual. As in civil life, some of us are satisfied with a \$25.00 suit of clothes while others pay \$50.00, and this applies to a medical officer in purchasing his outfit in the way of uniforms, blankets, etc.

The individual outlay when once in the service is principally the expenditure for food, or mess, as it is called in military circles, and this will average about \$25.00 a month, or about \$300.00 a year, meaning that a first lieutenant should have at the end of the year, or to send home to his family or bank, about \$1,700.00, a captain about \$2,000.00 and a major at least \$2,500.00.

While this information is of interest to those contemplating applying for commissions in the Medical Reserve Corps, the fact remains that in America we have more than a sufficient number of doctors to adequately supply the demand of the Surgeon General's Office without hardship to the civilian population.

The need of doctors is not alone for the mobile army, but also in concentration camps, evacuation hospitals, base hospitals and on transports. It is of decided advantage to volunteer and receive the benefit of the very necessary training accorded physicians in medical training camps. It is a safe assumption that for those who receive such training and show their aptitude for the service, advancement will be rapid.

THE RAKE.—A small, henpecked, worried-looking man was about to take an examination for life-insurance.

"You don't dissipate, do you?" asked the physician, as he made ready for tests. "Not a fast liver, or anything of that sort?"

The little man hesitated a moment, looked a bit frightened, then replied, in a small, piping voice: "I sometimes chew a little gum."—*Collier's Weekly*.

FURTHER STUDIES ON URETER STRICTURE; REPORT OF ONE HUNDRED CASES. ILLUSTRATED WITH LANTERN SLIDES. AUTHOR'S ABSTRACT.*

BY GUY L. HUNNER, M. D.

Associate in Clinical Gynecology, Johns Hopkins University.

Ureter stricture, or narrowing of the ureter lumen due to intrinsic inflammatory changes in the ureter wall, is a disease far more common and of vastly more importance than the literature or our previous experience has led us to believe.

In a preliminary paper read before the Genito-Urinary Section of the New York Academy of Medicine in January, 1916 (1) (Stricture of the Ureter, Excluding Tuberculosis and Calculus; Report of Fifty Cases, *New York Med. Jour.*, July 1, 1916), the author reported fifty cases of ureter stricture occurring in his practice up to November 1, 1915. In the same period of thirteen years of practice there were records of forty-nine cases of nephrectomy for tuberculosis and thirty-nine cases of stone in the ureter. In the eighteen months since November 1, 1915, or since becoming alive to the importance of the subject, and since looking for stricture, talking stricture, and having confrères refer suspected cases for diagnosis and treatment, the author has seen more than 100 additional cases.

ETIOLOGY.—Up to within the past few years most of the literature on this subject has been devoted to the so-called congenital stricture of the ureter (2) (Bottomley: Certain Congenital Strictures of the Ureter, *Annals of Surgery*, 1910, LII, 597), (3) (Eisendrath: Congenital Stenosis of the Ureter, *Surg., Gyn. and Obstet.*, 1911, XII, 533).

Kelly (4) (Stricture of the Ureter, *Jour. Amer. Med. Ass.*, 1902, XXXIX, 363), anticipates our more modern literature of the subject by stating that "Strictures are caused by an inflammation in the ureteral walls produced by the commoner pyogenic cocci, by the gonococcus, and by the tubercle bacillus. The commonest form of inflammation is that due to the tubercle bacillus, and the rarest in my experience in women is due to the gonococcus."

Garceau (5) (Ureteritis in the Female, *Amer. Jour. Med. Sci.*, 1903, CXXV, 284), on the other hand, says, after reviewing the literature, and in the light of his own experience, "the chief cause of fibrous stricture is gonorrhoeal infection."

Furniss (6) (*Jour. Amer. Med. Asso.*, 1912, LIX, 2051), took issue with the prevailing opinion that most ureter strictures are congenital in origin, and from a study of his cases concluded that infection plays the important part in the production of ureteral

* Read before the joint meeting of the Medical Societies of Baltimore and Washington, held in Washington, May 16, 1917.

stricture. He thinks that the infiltration in the ureter is resultant on acute hematogenous infection of the kidney, which often persists as a pyelitis, ureteritis, or secondary cystitis.

Other causes of stricture as reported in the literature are injuries due to childbirth and operation, gun shot and stab wound injuries, injuries due to severe traumatic accidents, and stricture due to syphilis.

While we must admit the possibility and probability of any of the foregoing factors playing a rôle in the etiology of certain ureter strictures, I am firmly convinced that the majority of ureter strictures, excluding those of tuberculous origin, should be classified as simple, chronic stricture, and that they have their origin in an infection carried to the ureter walls from some distant focus such as diseased tonsils, sinuses, teeth or gastrointestinal tract. (7) Hunner, Chronic Urethritis and Chronic Ureteritis Caused by Tonsillitis, *Jour. A. M. A.*, LVI, 937, 1911; Treatment of Pyelitis, *Surg. Gyn. and Obstet.*, XV, 444, 1912; Diagnosis and Treatment of Obscure Cases of Pyelitis and Hydronephrosis, *International Clinics*, 22, IV, 1912). This conception of stricture postulates that in the majority of cases ureter infiltration is primary and that the other urinary tract lesions so often associated with stricture, such as stone in the ureter, hydronephrosis, pyelitis, and pyelonephrosis are secondary.

SYMPTOMS.—Pain.—Pain is the most universal symptom of ureter stricture and only in rare cases is there absence of pain. To attempt to draw a pain chart of this affection one would need a diagram of the human frame extending from the diaphragm to the ankles. The most deeply shaded portion of this chart would center in the local area of ureter inflammation or, in other words, in the broad ligament region deep in the pelvis.

From this center of inflammatory discomfort in the pelvis the pain may radiate in any direction, upward toward the kidney, laterally into the hips or groin region, posteriorly stimulating a sacroiliac joint condition or a sciatica, and downward into the thigh and leg either posteriorly or anteriorly.

Next in frequency to the local ureter pain is pain in the kidney region. This is probably at times a referred pain from the inflammatory area in the ureter, but it is usually due to over distension of the kidney pelvis.

Occasionally the pain occurs first in the kidney region and develops later in the lower abdominal quadrant or region of the ureter stricture.

Actual pain in the bladder occurs only in the exceptional case, and it is probably a referred pain from the kidney, as it accompanies the severe acute renal attacks simulating stone in the ureter in which there is likely to be both bladder and rectal tenesmus.

Urine Examination.—The urine may be quite negative on repeated careful centrifuging and microscopic search. If there

is an associated pyelitis the urine shows the pathologic features and variations common to that condition. If the urine is not infected we may still find a few leucocytes or a few erythrocytes or both. These may come from an ulcer area at the site of stricture or we may find them increased in number after one of the acute kidney attacks, when they probably result from the trauma to the kidney pelvis.

Fever.—Chills and fever are common in the cases with urinary infection. A case with infection may go for weeks or months without chills or appreciable fever and may suffer only a malaise and general depression. Given any condition causing the stricture area to close and the patient develops fever (often with chills) pain and general prostration as usually seen in acute pyelitis.

It is important to note that a patient may develop fever even of a high grade without infection of the urine and with only one ureter involved. The urine may be quite normal or there may be a few erythrocytes. The kidney is enlarged, tender and painful. A few of the cases with sterile urine have shown a slight daily rise of temperature, and these cases are likely to have nausea, headache, or other uremic symptoms.

Gastro-intestinal symptoms are common. They are probably of twofold origin arising either as a central nervous system reflex or as a result of toxic absorption. We see the same phenomena in certain cases of stone in the ureter and in cases of ureter blockage from any cause. Colitis may occur as a result of stricture.

Mental symptoms.—One of the remarkable results of this study has been to find that a patient may have one normal functioning kidney, and only a slight degree of stasis on the opposite side which apparently results in mental disturbances, headaches, nausea, fever, and a general picture usually associated with the uremic state.

A case showing marked mental symptoms due to the obstruction in one ureter was that of a physician who suffered for about a year with a morbid mental state entirely foreign to his usual happy, buoyant disposition. Delusions and hallucinations worried him daily and suicide became an urgent impulse. He was entirely relieved after Dr. George Walker dilated a ureter stricture.

MORBID ANATOMY.—We have had opportunity to study the stricture macroscopically in about fifteen operation cases. The inflammatory area varies from a slight annular thickening in the ureter wall to a condition of diffuse cartilage-like thickening which may occupy several centimeters of the ureter and form a mass a centimeter in diameter. Multiple annular strictures are not uncommon.

The infiltration may be confined to the ureter wall or there may be much periureteritis. Often at operation one cannot tell by palpation whether he is dealing simply with a stricture or with a stricture containing a stone.

I have had opportunity to study the stricture microscopically in only three cases, in cases 6 and 26, who had resection of the ureter and implantation into the bladder, and in case 50, who had nephrectomy. The microscopic picture is one of chronic inflammation of all coats of the ureter wall, the epithelium is changed from the transitional stratified type to a more squamous type and in one of the specimens there was an ulcer with loss of the epithelium.

Location of the Stricture.—The stricture is located in the broad ligament region or within 6 centimeters of the bladder in by far the greatest number of cases. The next most frequent location is at the bifurcation of the internal iliac vessels or about 8 to 10 centimeters above the bladder. This is from 3 to 5 centimeters below the pelvic brim. In both of these regions we have a group of lymphatic glands and at operation these are sometimes found enlarged.

Contrast these locations with the generally accepted view that ureter stricture is congenital and occurs at the points of congenital narrowing, namely, where the kidney pelvis enters the ureter, at the pelvic brim, and in the bladder-wall area.

Effects of the Stricture on the Upper Urinary Tract.—Of the utmost interest is the relationship between ureter stricture and other lesions of the urinary tract. This study has done much to explain the etiology of many urinary tract lesions concerning which we have had erroneous ideas in the past.

The profession has become accustomed to view slight dilatation of the pelvis and ureter as secondary to an infection of the urine. It is even held for the early cases with only slight dilatation and sterile urine that such cases came by the dilatation through a previous infection.

While I consider it possible for the urine to become infected at the same time that the infection, which is to result in the future stricture, is laid in the ureter wall, I think these studies prove conclusively that the usual sequence is focal infection settling in the ureter wall, stricture formation, stasis and secondary infection of the urine.

Although we believe we have demonstrated that most cases of dilatation of the kidney pelvis are due to mechanical obstruction in the form of ureter stricture, a surprising development has been the fact that many cases of ureter stricture causing typical symptoms are not associated with a dilated pelvis, and when the pelvis is not dilated it is often contracted. These cases with contracted pelvis are usually the most sensitive to manipulation and the contracted pelvis is probably explained by assuming that the extremely sensitive stricture area keeps up a constant pain reflex causing a tonic spasm of the musculature of the tract above.

Influence of Ureter Stricture on Stone Formation.—One of the most interesting sidelights on ureter disease furnished by this

study has been the revelation of the probable cause of most ureter stones. In operating for a ureter stone and finding it encased in dense infiltration tissue, we have heretofore considered the inflammatory area as due to the irritation of the stone. We now have abundant evidence to indicate that the stone results from urinary salts being deposited on the inflamed surface of the stricture area.

Every surgeon sees an occasional case in which a minute stone or a nest of minute stones is found encased in a dense stricture area. It is quite evident that such small stones were not formed in the kidney to be stopped in a normal ureter, nor were they formed in a normal ureter. Such small stones would easily be passed entirely through a normal ureter.

There can be no doubt that an occasional stone formed in the kidney is blocked in a normal ureter. On the other hand I believe that some stones found in the kidney were originally formed on the site of a ureter stricture and, after sufficient dilatation of the tract above, these stones have floated up into the kidney where they have increased in size.

Influence of Ureter Stricture on the Pyelitis of Pregnancy and Puerperium.—Of my last seven cases of pyelitis developing during pregnancy or soon after delivery, three being bilateral, I have been able to demonstrate stricture of the ureter in all but one case. This is probably a much higher percentage associated with stricture than we could find in a longer list of cases. In most of these cases the stricture is probably present before the pregnancy and the added congestion of the tissues during pregnancy sets up a slight hydronephrosis which becomes infected during the pregnancy or immediately after.

DIAGNOSIS.—The diagnosis of ureter stricture depends upon the history, urine examination, palpation of the abdomen with special reference to the kidney and ureter regions, palpation of the ureters through the vagina or rectum, cystoscopy, catheterization of the ureters by specially prepared catheters, and Roentgenography.

The features obtainable by history taking have been discussed above under the section on symptoms. Experience has taught that we should suspect stricture in any case complaining of obscure abdominal symptoms, particularly if they are in the lower abdomen and accompanied by referred pains in the hips and thighs. In addition to this history we usually find that the patient has a history or shows evidence of tonsillitis, sinusitis, or bad teeth. Since having colleagues refer such obscure cases for diagnosis I have learned to place considerable importance on a history of previous abdominal or pelvic operations in which the patient failed to obtain relief.

Urine Examination and Diagnosis.—In the section on symptoms we stated that the urine may be quite negative. This has un-

doubtedly been a source of frequent error in the past. Given a patient with symptoms that suggest trouble in the urinary tract we have been willing to exclude the urinary tract on finding normal urine. If the patient's symptoms strongly suggested stone in the ureter we have had x-rays taken. We have the word of the x-ray experts that they miss anywhere from 15 to 30 per cent. of ureter stones, which fact alone should demand examination with the wax-tipped catheter in all cases of suspected stone. With the facts that the unassisted x-ray will miss all ureter stricture cases and that the urine may be normal, we have thrust upon us a duty heretofore neglected, namely, to have all questionable cases investigated with specially prepared catheters and perhaps with the thorium x-ray.

Palpation.—There is often tenderness in the kidney region and the kidney may be somewhat enlarged and very tender during one of the acute pain attacks. The usual phenomena of an intermittent hydronephrosis may be palpated if this condition be present.

Palpation of the ureter over the pelvic brim may elicit tenderness and a desire to void. This tenderness over the pelvic brim region has led to many useless appendix operations. With both conditions in mind when palpating, one can usually differentiate between them, as the patient will indicate that her usual area of pain is deep in the pelvis back of the symphysis, although one may reach more tenderness at the pelvic brim region on abdominal palpation and mistake it for an indication of appendicitis.

Vaginal palpation will show the greatest tenderness to be in the broad ligament region in the vast majority of cases, and one may actually palpate the node of thickening which in some cases can not be differentiated from stone in the ureter.

Cystoscopy is usually quite negative, but in the occasional case where the stricture is in the bladder-wall region there may be redness and oedema about the ureter orifice suggesting the picture seen with the low ureter stone. One of the most suggestive points in cystoscopy is the finding of urethral stricture on preparing the urethra for the cystoscope. Although stricture of the female urethra is common after a gonorrhoeal infection I have learned by experience to give its presence considerable weight in the diagnosis of a suspected ureter stricture, probably sixty per cent. of ureter stricture cases having infiltration of the urethral walls.

Catheter Test.—The crucial test in diagnosing ureter stricture is made with the wax-bulbed catheter. This, with other instruments used in getting past and treating stricture, will be described under the section on *Treatment*. I do not consider obstruction to an entering catheter as diagnostic of ureter stricture. Repeated obstruction at the same point is certainly suggestive, but for a positive diagnosis I depend entirely upon the obstruction or "hang" of the wax-bulb on withdrawal. Obstruction of the tip

at a certain point in the ureter and then obstruction of the entering bulb at the same point, and the going by of the bulb with a jump and sense of scar tissue grating are points upon which the experienced cystoscopist may rely with a fair degree of safety; but there are many conditions that may obstruct a catheter on entering, and it is better to depend upon the "hang" of the bulb, its jump, and scar tissue grating sensation as it comes through the stricture area on withdrawal.

Roentgenography.—The taking of pyeloureterograms is not necessary in making a diagnosis except in the few cases in which we can not go by an obstruction in the ureter. Under such conditions if we can pass an x-ray catheter with whistle tip to the point of obstruction, we can often get the contrast solution to go beyond the obstruction and intensify a stone, if it be present, or outline the character of the obstruction and the condition of the tract above.

While the x-ray is not necessary in making a diagnosis in most cases of ureter stricture and while I refused to use it on my early cases when we were dependent on collargol with its dangers, I now use it in most cases for the satisfaction of its confirmatory value and because I find that the thorium may be used with impunity if used with judgment.

For work on the male subject with the necessary restriction in the use of instruments the pyelogram will prove one of the best aids in diagnosis of ureter stricture.

The ureterogram is of great value in deciding whether a small shadow on the unaided x-ray plate is within the ureter or whether we are dealing with a phlebolith. This point can usually be easily settled in women by using the wax-tipped and wax-ringed catheter. In using the radiogram method the opaque catheter or the stylet catheter should be photographed in the ureter. Many stones in the ureter are in the broad ligament region as are many phleboliths, and for this reason it is safer to use the bifocal method, as a phlebolith in the uterine vein may be superimposed on the renal catheter and with a flat plate we can not make a certain interpretation.

Of even greater value is the use of these methods to differentiate ureter stricture from supposed stone in the ureter when the unaided x-ray has shown a shadow in the ureter region. Many surgeons have had the uncomfortable experience of operating on at least one of these cases. The patient complains of symptoms suggesting stone in the ureter, the urine examination confirms this view, and the x-ray shows a shadow in the ureter region.

Diagnosis from Tuberculosis.—Great care must be exercised not to mistake tuberculous disease of the ureter for ordinary stricture. In 1901 I performed resection of the ureter and implantation into the bladder on a case who had much pus in the urine, one negative examination for tubercle bacilli, and an impassable thick-

ening in the lower end of the right ureter. The true diagnosis was revealed a few months later, when I was called to operate on the patient for intestinal obstruction, which was found to be due to tuberculosis. The tuberculous kidney was removed later and the patient made a good recovery.

Differential Diagnosis.—It may be well to close this section on diagnosis by giving a list of various diagnoses these patients have had while their symptoms were chiefly due to ureter stricture. Urinary tract, cystitis, pyelitis, pyelitis of pregnancy and puerperium, pyonephrosis, floating kidney, hydronephrosis, stone in ureter, chronic Bright's disease. Genital tract: pelvic inflammatory disease, ovarian disease. Gastrointestinal tract: various functional disorders of stomach and intestines, chronic peritonitis, intestinal adhesions, sigmoid adhesions, colitis, chronic pancreatitis, gall-stones, appendicitis. Joint and nerve conditions: lumbosacral and ilio-sacral joint pains, neuralgia of sacral plexus, sciatica. Mental disorders.

TREATMENT.—The chief end sought in treatment is the relief of symptoms, and in the infection cases a urine freed of infection, and in all cases suitable for dilatation such a thorough opening of the stricture area that there will be no return of symptoms.

There are very few cases in which we can not at least ameliorate the symptoms, and, fortunately, we can relieve the symptoms entirely in a fair proportion of cases. There are exceedingly few cases of pyelitis which fail to clear up completely of their infection. I believe that time will demonstrate that in many cases we will not get a permanent dilatation of the stricture and complete relief of symptoms until we have eradicated the original focus of infection.

The ideal treatment for stricture of the ureter is by dilatation from the vesical approach. Naturally those whose work is confined to women and those who use the Kelly speculum have a great advantage in treating this disease. Various forms of operative cystoscopes and ureter instruments have been devised by Bransford Lewis and others, which make it quite possible to do considerable effective work from the vesical end in the male.

My work being confined to women, I use the knee breast posture and the Kelly speculum through which can be passed many different instruments, ranging from the finest whalebone filiform up to the French elastic bougie of size 22 with a diameter of $7\frac{1}{2}$ mm. Most of my work is done with the ordinary olive tip renal catheter of sizes 7, 8 and 9, carrying a wax bulb 10 centimeters back of the wax tip end. The wax bulb should not be larger than three to four mm. for the early treatments and can be increased in size to six mm. as the treatments progress.

The treatments should not be given oftener than once in ten days, as it takes about this time for the oedema and swelling to disappear after the trauma of dilatation.

Treatment by Operation.—If all methods of vesical approach fail, we must consider the operative relief. No form of operation will be undertaken until as complete investigation as possible has been made of both sides. Stricture of the ureter is so often bilateral that we cannot afford to take anything for granted in dealing with these cases.

If investigation shows stricture of but one ureter, associated with a kidney of little or no functional value, conservatism usually calls for extirpation of the morbid kidney. This was done in six of my cases with entirely satisfactory results.

If the stricture is high at the junction of the kidney pelvis with the ureter, we may follow Fenger in doing some form of pyelo-ureteroplasty. Actual stricture at this point is extremely rare and the valve-like obstruction formed by floating kidney can usually be overcome by mere high fixation of the kidney as I have done in a number of cases with excellent results.

If careful examination at the time of operation leads one to suspect an organic narrowing of the pyelo-ureter junction, a pyelotomy and careful dilatation may be done in addition to the kidney fixation, or if the pelvis is very large, a partial pyelectomy may be done, being careful to dilate if the orifice into the ureter is at all narrowed.

If the stricture is lower and about the lumbar or pelvic brim region, it has been recommended to sever above the stricture and implant into the colon or to bring the ureter out on the loin region.

I have done bladder implantation in two of my first hundred stricture cases with indifferent or questionable results in both. I say "questionable results" because in neither case could I later enter the ureter with a catheter from below. Both cases have been in good health since the implantation, but I suspect in both of these cases there may have formed stricture at the site of the implantation with gradual destruction of the kidney.

Retrograde Dilatation.—I wish to emphasize a method for handling these cases by operation which I have not seen mentioned in the literature, but which I am sure must have been done by some surgeons and which has probably been described before, viz: the treatment by retrograde dilatation. Certainly every surgeon must follow his ureter stone extractions by dilatation of the usual area of infiltration about the stone.

The ureter is exposed by an extraperitoneal incision, incision is made into its dilated portion above the site of stricture and increasing sizes of the French gum elastic bougies or metal sounds are passed until the stricture is dilated to a diameter of from 5 to 7 mm. The ureter incision is then closed with catgut. A wick drain is usually left in the extraperitoneal incision for forty-eight hours to take care of possible contamination by the escaped urine at the time of operation, or of postoperative leakage and the

excessive serum secretion following the extraperitoneal operation.

If the dilatation has not been entirely satisfactory, or if there has been much trauma to the ureter, I leave it open or close it carelessly with catgut to favor urine drainage in case of temporary swelling and closing of the traumatized stricture area. In such cases two or three small wicks are dropped to the area of ureter incision and left some days or until there is certainly no urine leakage.

A McBurney incision is suitable for most of these cases, but a semilunar line incision is more useful, for it can be enlarged up or down to suit the exigencies of the case, and through a moderately long semilunar line incision one can easily palpate from kidney pelvis to bladder. With care one can preserve the intercostal vessels and nerves crossing this incision to the rectus muscle simply by deflecting and working between them.

I have treated nine cases by this retrograde dilatation, six cases in which it was impossible to dilate from below, two cases in which stricture of the ureter was found when stone was being looked for, and one case in which ureter stricture had been successfully treated from the vesical approach one year previously, but in which the stricture again swelled shut sufficiently to cause kidney symptoms in the course of an attack of acute gonorrhoeal salpingitis.

The results in these nine cases treated by retrograde dilatation have been perfect in seven, so far as measured by relief of symptoms and ability to easily catheterize later from below.

The cases least suited for retrograde dilatation are those in which previous testing of the capacity of the kidney pelvis and ureter, and pyelography have shown an absence of marked enlargement of the lumen above the site of stricture. In these cases the ureter is found too small above the stricture to admit large dilators, and if it is at all possible to get by from the vesical approach, one should be satisfied to do as well as possible by this route although it may require a long, tedious course of treatment.

Because of the restriction in the use of instruments it is probable that retrograde dilatation will be resorted to much more frequently in the male than in the female. Those who use male instruments that take an 8 or 9 renal catheter will be able to relieve many cases merely by passing the catheter, particularly if the dilatation can be repeated every few weeks or months. In the past many cases of hydronephrosis and of pyelitis due to stricture have been improved or cured of their symptoms without discovery of the stricture because the passage of a renal catheter gives sufficient dilatation in some cases to result in good drainage.

PROCEEDINGS OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

Special Meeting June 12, 1917, at the Central High School. President G. Wythe Cook presided ; about 300 persons present, including members and invited physicians.

The President announced that the Society had ordered the special meeting at the request of the District Committee of National Defense, for the purpose of stimulating enrollments in the Medical Reserve Corps. He introduced the following speakers :

The Vice President of the United States ; Hon. Julius Kahn, of Military Affairs Committee of House of Representatives ; Col. T. H. Goodwin, R. M. C., British Army.

Col. Goodwin described the work of the medical officer in the present war, and exhibited motion picture photographs of the fighting in the Somme region.

WASHINGTON MEDICAL ANNALS.

Journal of the Medical Society of the District of Columbia.

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COMMITTEE ON PUBLICATION.

D. S. LAMB, A. M., M. D., LL. D., *Chairman and Editor*,
2114 Eighteenth St., N. W.

Associate Editors.

W. A. FRANKLAND, M. D.,	.	.	.	.	Fort Myer, Va.
F. W. BRADEN, M. D.,	.	.	.	.	628 East Capitol Street.
W. B. CARR, M. D.,	.	.	.	.	1418 L Street, N. W.
H. C. MACATEE, M. D.,	.	.	.	.	1478 Harvard Street, N. W.

Editorial.

HISTORY OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.—Price \$1.00, with 25 cents added if delivered in this city or sent by mail. Address Dr. C. W. Franzoni, 605 I Street, N. W. The books are in the custody of Dr. D. S. Lamb, at the Army Medical Museum.

THE WASHINGTON MEDICAL ANNALS.—Back numbers.—Members of the Society who have back numbers of the ANNALS, and do not intend to preserve them, are requested to send them to the Chairman of the Publication Committee. Requests for such numbers are frequently received.

NOTICE. DISCUSSIONS.—If corrections of discussions do not appear in the text, it is because they have not been received in time.

THE CENTENNIAL.

The Centennial Committee of the Medical Society of the District of Columbia is rapidly completing its plans for a celebration that will be worthy of the Society.

It is hoped that the President of the United States may be present at the opening session or at the banquet that is to be held in the evening.

The literary part of the program will be held in the hall of the National Museum on the afternoon of October 17, 1917, and will consist of an invocation by Rev. Wallace Radcliffe, introductory address by Dr. G. Wythe Cook, President of the Society; congratulatory address by Dr. W. H. Welch of Baltimore, historical sketch by Dr. D. S. Lamb, and an address by Dr. Charles Mayo of Rochester, Minn., late President of the American Medical Association.

The banquet will be held the same evening at the Raleigh Hotel, with Dr. Joseph S. Wall as toastmaster. Toasts have been planned as follows: "Welcome," Commissioner Oliver P. Newman; "Our Country," Senator Lodge; "Legislative Action for the District of Columbia," Senator Gallinger; "Army Medical Service," Gen. William C. Gorgas; Remarks by Presidents of visiting Medical Societies; Address by Dr. Edward Martin of Philadelphia; The "Future of the Medical Society," Dr. John B. Nichols.

Don't forget the date—October 17, 1917.

Every member of the Society is urged to be present at both meetings and make this celebration one of which we may all be proud.

THE OTHER MEDICAL SOCIETIES OF THE DISTRICT OF COLUMBIA.

THE CASUALTY HOSPITAL MEDICAL SOCIETY.—Meets on the first Friday in October, December, February and April. President, J. D. Rogers; Vice President, W. P. Wood; Secretary, S. B. Pole; Treasurer, C. J. Murphy. It is composed of the following members: N. P. Barnes, J. C. Blackistone, J. H. Diggs, W. A. Frankland, R. M. LeComte, D. O. Leech, J. J. Madigan, W. C. Sparks, A. E. Pagan, C. J. Murphy, C. B. Conklin, R. F. Dunmire, H. Jaeger, S. B. Pole, W. P. Reeves, J. D. Rogers, C. S. White, W. P. Wood, J. J. Mundell, J. R. Wellington.

The object of the Society is to promote the welfare of the Casualty Hospital and Eastern Dispensary.

CLINICAL SOCIETY.—Officers: H. H. Donnally, President; D. Webster Prentiss, Secretary and Treasurer; J. D. Thomas and L. A. Johnson, Censors. The Society meets the second Monday of each month. It has an active membership limited to twenty-five and an inactive membership of those who have finished a term of ten or more years of active membership.

CLINICO-PATHOLOGICAL SOCIETY.—Active membership limited to 25. Inactive membership: those who have withdrawn from active membership after fifteen years. A limited honorary membership of eminent medical men. Meets on the first and third Tuesdays of the month from October to May, inclusive. Officers: Loren B. T. Johnson, President; Thos. S. Lee, First Vice President; Jos. S. Wall, Second Vice President; H. H. Donnally, Secretary-Treasurer.

EMERGENCY HOSPITAL CLUB.—This club was organized early in 1915 by the members of the Staff of the Central Dispensary and Emergency Hospital. Meetings are held on the second Saturday of each month from September to May, inclusive; the officers are as follows—President, V. B. Jackson; Vice President, W. G. Young; Secretary-Treasurer, E. M. Ellison.

FREEDMEN'S HOSPITAL MEDICAL SOCIETY.—Meets on the second Wednesday of each month from October to May, inclusive. Composed of physicians connected with the Staff of the Hospital and the Medical Faculty of Howard Medical School. Collins Marshall, President; C. A. Brooks, Vice President; C. A. Allen, Secretary-Treasurer.

GALEN SOCIETY of the District of Columbia. Organized September, 1909.—E. C. Wilson, President; C. S. White, Vice President; E. W. Titus, Secretary-Treasurer. Membership limited to twenty-five. The Society meets on the first Monday after the third Sunday of each month from October to May, inclusive.

GEORGETOWN CLINICAL SOCIETY; twenty-five active members, limited to graduates of the Medical Department of Georgetown University. Meets at the University Club on the third Tuesday in the month. John Foote, President; J. Russell Verbrycke, Jr., Treasurer.

GEORGETOWN UNIVERSITY MEDICAL SOCIETY.—Meets on the fourth Saturday of the month at the University Hospital. The membership consists of the Alumni, Faculty and Senior Students of the Medical School. J. A. Gannon, President; T. F. Lowe, Vice President; J. M. Moser, Secretary-Treasurer.

GEORGE WASHINGTON UNIVERSITY MEDICAL SOCIETY.—Organized 1905; membership limited to Alumni of School and Members of the Faculty. Meets in the Medical Building on the third Saturday of each month from October to May. President, C. B. Conklin; Vice President, W. G. Young; Secretary, Thomas Miller; Treasurer, E. G. Seibert; President's Council, Truman Abbe, J. Lawn Thompson, John Van Rensselaer, E. P. Copeland and W. A. Frankland. Active membership, 169.

HIPPOCRATES SOCIETY; membership limited to 25, with voluntary retired members after 10 years; meets on the second Thursday of the month from October to May. Officers for the year: J. R. Verbrycke, Jr., President; C. A. Simpson, Secretary.

MEDICAL HISTORY CLUB of Washington, D. C.—Officers: President, J. B. Nichols; Vice President, John Foote; Secretary, F. J. Stockman; Executive Committee, Frank Baker, F. H. Garrison, C. A. Pfender and the Officers. Members: Truman Abbe, Frank Baker, W. C. Borden, J. H. Bryan, G. Wythe Cook, John Foote, F. H. Garrison, Howard Hume, H. W. Lawson, W. J. Mallory, J. B. Nichols, C. A. Pfender, P. S. Roy, W. C. Rucker, F. J. Stockman, I. S. Stone, W. A. White.

MEDICAL AND SURGICAL SOCIETY of the District of Columbia.—President, E. P. Copeland; Vice President, H. H. Kerr; Secretary and Treasurer, L. Eliot; Asst. Secretary, J. H. Talbott; Executive Council, John Dunlop, H. P. Parker, H. G. Fuller, L. H. Reichelderfer and Eliot. The Society membership is limited to 25 active members; 10 honorary members; and inactive members, those who have completed a term of ten years service. The meetings are held on the first Thursday in each month from October to May.

SOCIETY OF MEDICAL JURISPRUDENCE, Washington, D. C.—President, Dr. D. P. Hickling; Vice President, J. M. Kenyon; Secretary-Treasurer, Spencer Gordon. Meets on the second Monday of each month from October to June at University Club. Has from forty to fifty members.

SOCIETY OF OPHTHALMOLOGISTS AND OTOLOGISTS, Washington, D. C., meets the third Friday of each month from October until May, inclusive. Officers: President, A. H. Kimball; Vice President, Mead Moore; Secy.-Treasurer, Carl Henning, The Rochambeau. Active members: A. B. Bennett, Jr., J. W. Burke, V. Dabney, W. T. Davis, L. S. Greene, C. M. Hammett, Carl Henning, W. H. Huntington, E. B. Jones, A. H. Kimball, R. S. Lamb, F. B. Loring, O. A. M. McKimmie, W. B. Mason, M. E. Miller, Mead Moore, S. B. Muncaster, W. S. Newell, J. J. Richardson, G. S. Saffold, E. G. Seibert, E. A. Taylor, R. R. Walker, W. A. Wells. Inactive members: J. H. Bryan, W. K. Butler, Wm. H. Fox, W. P. Malone, H. A. Polkinhorn, C. W. Richardson, D. K. Shute, W. H. Wilmer. Associate member: T. C. Lyster, U. S. Army.

SOCIETY OF MENTAL HYGIENE, District of Columbia.—President, Gen. Rupert Blue; Vice President, Cuno H. Rudolph; Treasurer, Miss Nellie Sedgley; Dr. Wm. A. White, Chairman Executive Committee; Dr. D. Percy Hickling, Secre-

tary. Chief objects of the committee : To work for the conservation of mental health ; for the prevention of mental disease and mental deficiency and for the improvement in the care and treatment of those suffering from nervous or mental diseases or mental deficiency.

SOCIETY OF SOCIAL HYGIENE, Washington, D. C.—President, Dr. Charles F. Stokes, U. S. Navy ; Secretary, Lt. Col. J. R. Kean, U. S. Army, Surgeon General's Office. The Society has four committees, namely : Education, Venereal Diseases, Protection of Women and Children, and Psychopathology. Yearly dues, \$1.00. Persons desiring to become members should address Col. Kean and state to which committee they wish to be assigned.

THERAPEUTIC SOCIETY of the District of Columbia.—Meets at the G. W. School of Pharmacy, 808 I Street, N. W., on the first Saturday in each month. E. W. Burch, President ; A. P. Tibbets, Secretary.

WALTER REED MEDICAL SOCIETY.—Meets on the fourth Thursday of every other month, from September to May inclusive. Composed of physicians located in the eastern part of Washington. J. S. Arnold, President ; H. R. Schreiber, Vice President ; M. H. Prosperi, Secretary ; N. E. Webb, Treasurer.

WASHINGTON MEDICAL AND SURGICAL SOCIETY.—President, ———— ; Vice President, R. R. Walker ; Secretary, Walter Van Sweringen ; Treasurer, F. E. Gibson ; Curator and Librarian, E. H. Egbert ; Executive Committee : L. H. Taylor, Chairman, G. S. Clark, G. S. Barnhart ; Program and Auditing Committee : Wm. A. Jack, Jr., Chairman, J. R. Nevitt, Walter Van Sweringen ; Membership Committee : F. E. Gibson, Chairman, Wm. P. Reeves, Caryl Burbank.

WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY.—President, J. F. Moran ; Vice Presidents, G. B. Miller, Prentiss Willson ; Secretary, Truman Abbe ; Treasurer, D. W. Prentiss. Retired members—G. N. Acker, S. S. Adams, E. A. Balloch, J. W. Bovée, W. S. Bowen, W. P. Carr, G. Wythe Cook, M. F. Cuthbert, H. D. Fry, J. T. Johnson, D. G. Lewis, A. R. Shands, E. E. Morse, Elmer Sothoron, John Van Rensselaer.

WASHINGTON PSYCHOANALYTIC SOCIETY.—Meets the second Saturday of each month, from October to May, inclusive. Membership limited to 25. D. Percy Hickling, President ; Alfred Glascock, Vice President ; A. A. Wilson, Secretary.

WASHINGTON SOCIETY OF NERVOUS AND MENTAL DISEASES.—President, W. M. Barton ; Vice President, Edward Kempf ; Secretary-Treasurer, J. J. Madigan. Program Committee :

John Lind, Carl Henning and J. J. Madigan. The Society has a limited membership of thirty, but welcomes Physicians and Surgeons interested in Neurology and Psychiatry. Meets monthly on the third Thursday at the Cosmos Club or a member's residence.

THE WASHINGTON SURGICAL SOCIETY.—Meets at 1621 Conn. Ave. the third Friday of the month at 8 P. M. The officers are H. A. Fowler, President; D. W. Prentiss and Walter Webb, Vice Presidents; H. G. Fuller, Secretary, and J. A. Gannon, Treasurer. Members of Council, H. D. Fry, J. F. Moran and the officers.

WOMEN'S MEDICAL SOCIETY of the District of Columbia. —President, Mary O'Malley; Vice President, Amy J. Rule; Secretary and Treasurer, Laurretta E. Kress; Corresponding Secretary, Edith Se Ville Coale.

THE SECRETARIES of the other Medical Societies of this District are reminded that the **ANNALS** will publish the schedules of their meetings.

AMENDMENTS TO THE CONSTITUTION AND BY-LAWS.—The following amendments have been made since the publication in Volume XII, March, 1913.

Constitution.—Article V, Section 4, adopted Nov. 4, 1914: before the words "Due notice" on page 142, insert "No application for membership that is rejected or withdrawn shall be renewed until after two years from the time of its rejection or withdrawal."

Section 10, same article, adopted Jan. 7, 1914: for "two years" substitute "one year." At the end of the section, add the words "Members so dropped may, after report by the Committee of Censors, be reinstated by the Society upon the payment of arrears in dues." Adopted March 1, 1916.

Section 13, same article, adopted March 7, 1917. Strike out the words: "and members of the dental, pharmaceutical and veterinary professions."

Section 14, same article. For the words "any three members" substitute "the Executive Committee." Adopted January 3, 1917.

Article VI, Section 5, adopted Jan. 6, 1915: in the last line, for "two" substitute "three."

Article VIII, Section 2, page 148, 4th line from top: for the word "disorders" substitute the word "diseases."

Article IX, Section 2, first line; for the word "four" substitute "five." Adopted March 1, 1916.

By-Laws.—Article VIII, Section 9, page 153, adopted Jan. 7, 1914: No member of the Staff of any hospital receiving patients in private rooms shall attend such private patient sent to the

hospital by a member of the Society, not a member of the Staff, unless specifically requested to do so by the attending physician.

Please note that the figures in Sections 7 and 8 of this article, instead of being 7 and 8 should be 5 and 6.

SOME SPECIAL COMMITTEES OF THE SOCIETY :

On First Aid Conference.—Drs. C. S. White, H. H. Kerr and W. P. Reeves.

On Regulation for Control of Contagious Diseases.—Drs. Frank Leech, H. H. Donnally, S. S. Adams, W. C. Woodward, N. P. Barnes, J. S. Wall and L. B. T. Johnson.

On Meeting Place of Society.—Drs. G. Wythe Cook, A. B. Hooe, A. R. Shands and J. D. Thomas.

On American Red Cross.—Drs. L. H. Reichelderfer and L. B. T. Johnson.

Memorial Committees.—On the death of Dr. Woodman ; Drs. Clark, Kerr and Jaeger. On the death of Dr. J. H. Ramsburgh ; Drs. C. C. Marbury, Gwynn and Selby.

Committee on Building.—Dr. E. Y. Davidson, chairman ; Drs. W. H. Atkinson, W. M. Barton, J. Rosier Biggs, A. W. Boswell, W. P. Carr, H. A. Fowler, A. Frances Foye, J. A. Gannon, W. C. Gwynn, F. R. Hagner, H. H. Hazen, C. W. Hyde, V. B. Jackson, L. B. T. Johnson, L. A. Johnson, S. R. Karpeles, H. H. Kerr, Frank Leech, D. Olin Leech, H. C. Macatee, Louis Mackall, T. N. McLaughlin, C. C. Marbury, W. Gerry Morgan, J. J. Mundell, J. B. Nichols, C. W. Richardson, J. D. Rogers, P. S. Roy, E. G. Seibert, A. C. Stanley, J. A. Talbott, L. H. Taylor, J. Lawn Thompson, Ada R. Thomas, J. D. Thomas, C. S. White, Prentiss Willson.

Committee on Attendance.—Drs. A. W. Boswell, W. M. Barton, A. J. Carrico, J. A. Gannon, C. W. Hyde, S. S. Adams, C. A. Simpson, J. Lawn Thompson, E. Y. Davidson, H. T. A. Lemon.

Centennial Committee.—Dr. J. B. Nichols, Chairman. Drs. S. S. Adams, Bishop, Blackistone, Boswell, W. P. Carr, G. Wythe Cook, Copeland, Cox, Davidson, Foley, Foote, Gannon, Gwynn, Hagner, Henning, A. B. Hooe, Hyde, Jack, Jackson, L. A. Johnson, S. R. Karpeles, Kerr, Kober, D. S. Lamb, Frank Leech, Lemon, Linville, Lowe, Macatee, T. N. McLaughlin, C. C. Marbury, Thomas Miller, Moran, Gerry Morgan, Mundell, T. E. Neill, Mary Parsons, Reeves, C. W. Richardson, Rogers, Roy, Schreiber, Seibert, Selby, R. Y. Sullivan, Talbott, Tayler-Jones, Tewksbury, J. D. Thomas, J. L. Thompson, Verbrycke, Wells, Wolfe.

Council of National Defense, Medical Section, District Committee, Dr. G. T. Vaughan, Chairman ; H. C. Macatee, Secretary, S. S. Adams, J. W. Bovée, W. C. Braisted, U. S. Navy, Rupert Blue, Public Health Service, the Commandant of the Army

Medical School, E. Y. Davidson, W. C. Gorgas, U. S. Army, B. L. Hardin, A. B. Hooe, J. R. Kean, U. S. Army, J. F. Mitchell, R. E. Noble, U. S. Army, Earl Phelps, J. J. Richardson, Sterling Ruffin, W. H. H. Sowers, I. S. Stone, W. D. Webb, U. S. Army, W. H. Wilmer, W. C. Woodward.

Committee on Salvarsan.—Drs. H. H. Hazen, H. A. Fowler, W. C. Woodward.

Committee on Cancer.—Drs. Karpeles, Frank Hagner, Balloch, W. C. Borden, W. P. Carr, Vaughan, J. F. Mitchell, Sprigg, C. W. Richardson, Gannon and Abbe.

Committee on Control of the Tuberculous.—Drs. Frank Leech, Wall, G. Wythe Cook, Roy, J. Lawn Thompson, Nichols and Barton.

Committee on Necrology.—Drs. I. S. Stone, M. F. Thompson, R. C. Ruedy, J. A. Stoutenburgh and J. W. Chappell.

Committee on Medical Practice Act, to confer with Board of Medical Supervisors and a committee of the Homoeopathic Medical Society.—L. B. T. Johnson, P. S. Roy and W. C. Borden.

PRIZES.—The American Academy of Medicine announces two prizes as follows:

1st. For 1918, \$100.00. "The principles governing the physician's compensation in the various forms of social insurance."

2d. For 1921, \$250.00. "What effect has child labor on the growth of the body?"

For further information address Dr. T. W. Grayson, Secretary, 1101 Westinghouse Building, Pittsburgh, Pa.

THE PUBLIC LIBRARY OF THE CITY wants to get the following publications: WASHINGTON MEDICAL ANNALS for January, 1907. Also the following Regulations, etc., of the Medical Association of the District: 1833, 1845, 1848, 1854, 1861, 1870, 1873, 1878, 1890, 1893, 1909.

MORTALITY OF MOTHERS IN CHILDBIRTH.—Insured Women Show Improvement in 1916.—More than 2,750,000 women of child-bearing age, namely, between 15 and 44 years, are policyholders in the Industrial department of the Metropolitan Life Insurance Company. The largest number of them are wives and mothers. Among these women, 1,769 deaths occurred during the year 1916 from diseases and conditions incident to childbirth. The number of deaths was 70.1 per 100,000 white female policyholders, in 1911, and 62.6 in 1916; which is a decrease of 10.7 per cent. Among colored women of the same ages the rate was 88.4 in 1911, and was reduced to 70.4 in 1916; a drop of 20.4 per cent. In other words, the general conditions of mortality from the puerperal causes were practically the same among colored women in 1916 as among white women six years earlier.

Puerperal septicemia was the most important disease responsible for this maternal mortality; 41 per cent. of the total deaths from

puerperal conditions. Albuminuria and convulsions associated with child-bearing were responsible for 29 per cent. and the accidents of labor for 10 per cent. Accidents of pregnancy, chiefly abortions and miscarriages, caused 8 per cent. of the total, as did also puerperal hemorrhage. The consistent decline in mortality from these diseases and conditions among white and colored *policyholders* is in marked contrast to the practically stationary death rate from the diseases incident to childbirth in the population of the Registration Area of the United States. The latter fact was emphatically pointed out in a Bulletin on Maternal Mortality recently issued by the Federal Children's Bureau. In fact, the death rate among the company's policyholders is now lower from these puerperal conditions than among the female population in general, although the insured group is composed almost entirely of mothers of the industrial classes.

This more favorable condition among the insured females is in large measure the result of the extensive care given by the *Visiting Nurse Service* of the company to policyholders during pregnancy and after childbirth. In 1916, out of a total 217,422 cases cared for, 42,124 or 19.4 per cent. were concerned with maternity. Of these maternity cases, 30,189 were intensively nursed under the direction of a physician, with an average of 7.7 visits per case. As a result of this very encouraging mortality showing, the company has recently extended the privilege of the Nursing Service to female policyholders during the period of pregnancy, and two prenatal visits by nurses are allowed in addition to the eight nursing visits permitted after childbirth.

THE NATIONAL BOARD OF MEDICAL EXAMINERS held its second examination in Washington, D. C., June 13 to 21. There were twenty-four qualified candidates, twelve of whom appeared for examination, the others having been ordered into active duty between the time of their application and the date of the examination. Of the twelve who took the examination nine passed. The next examination will be held in Chicago, October 10 to 18. The regular corps of the Army and Navy may be entered by successful candidates, without further professional examination, providing they meet the adaptability and physical requirements. There will also be an examination in New York City in the early part of December. J. S. Rodman, M. D., Secretary, 2106 Walnut Street, Philadelphia, Pa.

TUBERCULOSIS.—The Bureau of the Census is planning to prepare and publish a monograph on the Mortality from Tuberculosis covering the calendar year 1918. To make this work of greater value an endeavor is being made to obtain the coöperation of all physicians to the extent of carefully recording or supervising the statements of *occupations* upon the death certificates during that year. Circular letters to this effect have been sent to all the physicians in the United States.

PHYSICIANS' LEASE COMMITTEE, CHICAGO ROTARY CLUB.—The Chicago Rotary Club has learned that a great number of physicians who have entered the U. S. service during the present war are embarrassed by unexpired leases. In certain cases corporations from whom they rent have refused to cancel leases. It seems to the Chicago Rotary Club that when physicians are so much needed in the United States Army every effort should be made to relieve them of contracts rightfully binding in times of peace, but which might better be waived in times of national peril.

We all know that the physician giving up an established practice to enlist makes, perhaps, the biggest sacrifice of us all, because his business depends absolutely on personal contact. The day he leaves, his business ceases. But his lease goes on. Yet our country is calling for more physicians, and many patriotic doctors everywhere are trying to arrange their affairs to go.

It is possible to create a strong public opinion favoring the canceling of the leases in such cases. If advisable, the matter can be carried for consideration to Congress. But first, the Physicians' Lease Committee wants figures and facts. May we ask you personally to help by promptly notifying Chicago Rotary Club, R. R. Denny, chairman, care of Denny's Food Sales Co., Chicago, Ill., of cases within your knowledge.

BIRTH STATISTICS for a part of the United States for 1915.—These statistics cover an area comprising a population of about one-third of the United States. A standard birth certificate has been adopted for approximately 85 per cent. of the population of the entire United States. In the area above named there were 776,304 live births, a rate of 24.9 per thousand of population. The death rate for the same area was 14 per thousand, so that the births exceeded the deaths by nearly 78 per cent. The birth rate for colored persons was 20.6, the death rate 22.9, but it is possible that while all deaths were probably recorded, all births probably were not. The birth rate in the case of mothers foreign born was greater than for the native born.

THE AMERICAN ASSOCIATION OF ORIFICIAL SURGEONS will hold its annual meeting at the Congress Hotel in Chicago, Sept. 27, 28 and 29. The morning hours will be given to surgical clinics at Fort Dearborn Hospital; afternoons and evenings to reading of papers and round tables. The President is Dr. Eugene Hubbell, St. Paul, Minn.; Secretary, Dr. E. A. Bullock, Detroit, Mich.

REVIEW.

THERAPEUTIC INDEX AND PRESCRIPTION WRITING PRACTICE.
By WILFRED M. BARTON, M. D. 12 Mo., cloth, 248 pages.
RICHARD G. BADGER, Publisher, Boston.

Medical students and practitioners who desire a ready reference to the *Materia Medica* with a practical and convenient alignment between drugs used and the purpose for which they are employed, will find in Dr. Barton's *Therapeutic Index* a useful book. A critical study of the prescriptions presented show these to be sound models of the art of drug combination, which can be safely and profitably studied by the student or young practitioner who is trying to master the application of drug treatment in disease. Not a few older practitioners might well resort to such a guide with satisfaction to themselves and profit to their patients.

The writer has well fulfilled the rather restricted rôle declared in his preface and set forth in his title. To criticise the volume as an adequate text-book on *Materia Medica* would be hypercritical and unjust to the author, who has not intended such an undertaking.

Occasional errors occur in the numerical statement of quantities, and in carrying through the prescription formulae the complete readjustment to the latest edition of the *Pharmacopoeia*. These detract but little from the merits of the book, and serve to illustrate what is realized by only a few, that proof reading is a fine art.—B. M. RANDOLPH.

IMPOTENCY, STERILITY AND ARTIFICIAL IMPREGNATION.—
By FRANK P. DAVIS, Ph. B., M. D.; 140 pages; \$1.25 postpaid.
Published by C. V. MOSBY Co., St. Louis, Mo. In this little volume the author has endeavored to make clear the underlying causes of impotency and sterility, together with their appropriate treatment. He lays much stress upon the part played by the special senses both in the normal and the abnormal functioning of the sexual apparatus, ascribing many functional abnormalities to the part played by these senses on the generative organs. He first discusses the influence exerted by each special sense on the sexual life of the individual; then takes up the subjects of impotency and sterility, both functional and organic, and suggests the proper treatment of each. Lastly he devotes a chapter to artificial impregnation and emphasizes the desirability of its use when other means of overcoming sterility have not availed. The book is withal concise and very readable.—C. L. DAVIS.

RECENT PUBLICATIONS BY PHYSICIANS OF THE DISTRICT OF COLUMBIA.

Truman Abbe ; Clubfoot as product of evolution ; *Med. Record N. Y.*, July 14, 62.

S. S. Adams ; The minor complaints of children ; *South. Med. Jour.*, August, 624.

J. C. Blackistone ; Rapid methods of early diagnosis of renal tuberculosis ; *Va. Med. Semi-Mo.*, July 13, 160.

G. E. Bushnell, U. S. Army ; Diagnosis of tuberculosis in military service ; *Mil. Surgeon*, June, 620.

A. C. Christie, U. S. Army ; Diagnosis of bone tumors ; *Med. and Surg.*, June, 376.

W. M. Clark and H. A. Lubs ; Improved chemical methods for differentiating bacteria of Coli-aerogenous family ; *Jour. Biol. Chem.*, June, 209.

J. N. Currie ; Citric acid fermentation of aspergillus niger ; *Ibid.*, July 15.

V. Dabney ; Some conditions leading to incorrect diagnosis of adenoids in children ; *Bost. Med. and Surg. Jour.*, June 21, 875.

John Foote ; Chronic duodenal indigestion in children ; abstract in *Pacific Med. Jour.*, August, 465.

F. H. Garrison ; Greek cult of the dead and the Chthonian deities in ancient medicine ; *Annals of Med. Hist.*, April 1, 35.

R. Hoagland ; Quantitative estimation of dextrose in muscular tissue ; *Jour. Biol. Chem.*, July, 67 ; abstract in *Jour. A. M. A.*, July 28, 314.

E. J. Kempf ; Study of anaesthesia convulsions, vomiting, visual constriction, erythema and itching ; *Jour. Abnorm. Psych.*, April-May, 1.

L. A. Lagarde, U. S. Army ; Gunshot injuries ; review in *New Orleans Med. and Surg. Jour.*, August, 198.

R. S. Lamb ; Internal secretory system and the eye ; *Annals Ophthal.*, April, 239.

G. W. McCoy, P. H. S. ; Standardization of serums and vaccines ; *Jour. A. M. A.*, Aug. 4, 378.

C. C. McCulloch, U. S. A. ; Sanitation in the trenches ; *Ibid.*, July 14, 81, and July 21, 183. Also, Bathing facilities and habits of the soldiers and officers of the army ; *South. Med. Jour.*, July, 572. Also, Sanitary problems ; *Jour. A. M. A.*, July 14 ; review in *Jour. Okla. State Med. Assn.*, August, 347.

Edward Martin ; Textbooks dealing with the advance of medicine and surgery during the war ; *Jour. A. M. A.*, Aug. 4, 388.

G. L. Meigs ; Infant welfare work in war time ; *Amer. Jour. Dis. Child.*, August, 80.

J. F. Mitchell ; Diaphragmatic hernia ; *South. Med. Jour.*, July, 561.

W. G. Morgan ; Looking backward ; *Med. and Surg.*, July, 449.

E. L. Munson, U. S. A. ; Epidemiologic study of outbreak of measles, Camp Wilson, San Antonio, Texas ; *Mil. Surg.*, June, 666.

C. A. Pfender ; The application of Roentgen rays as an effective measure in exophthalmic goiter ; *Med. Council*, July, 36. Also, Roentgenotherapy in malignant tumors of parotid gland ; *Med. and Surg.*, June, 366.

W. F. R. Phillips ; Relation of the medical school to the community ; *South. Med. Jour.*, July, 609.

M. A. Pozen and M. Starbecker ; Composition and relative economy of some bread sold in Washington, D. C. ; *Amer. Jour. Pub. Hlth.*, June, 570.

P. S. Roy ; Dilation of left side of right ventricle without dilation of whole ventricle ; abstract in *Jour. Med. Soc.*, New Jersey, August, 318.

W. C. Rucker ; A program of public health for cities ; *Amer. Jour. Pub. Hlth.*, March, 225 ; abstract in *South. Med. Jour.*, July, 560.

W. Salant, C. W. Mitchell and E. W. Schwartz ; Action of succinate and its hydroxy derivatives in isolated intestine ; *Jour. Pharm. and Exp. Therap.*, June, 511 ; abstract in *Jour. A. M. A.*, July 21, 240.

W. Salant and E. W. Schwartz ; Action of sodium citrate in isolated intestine ; *Ibid.*, June ; abstract in *Jour. A. M. A.*, July 21, 240.

W. Salant and R. Bengis ; Production of renal changes by oil of chenopodium and fatty oils and protective action of diet on kidney ; *Ibid.*, June, 529 ; abstract in *Jour. A. M. A.*, July 21, 240.

F. C. Schreiber ; Salivary fistula following simple mastoidectomy, with cerebral abscess ; *Annals Otol.*, March, 113.

C. A. Simpson ; Roentgen ray treatment of exophthalmic goiter and hyperthyroidism ; WASH. MED. ANN. ; abstract in *South. Med. Jour.*, July, 550. Also, Primrose dermatitis and its relation to anaphylaxis ; *Jour. A. M. A.*, July 14, 95.

G. B. Tribble ; Report on the Jennings test for color blindness ; *U. S. Naval Med. Bull.*, July, 334.

W. A. Wells ; Case of mastoiditis complicating diabetes ; operation ; recovery ; *Va. Med. Semi-Mo.*, Aug. 10, 223. Also, Nonsurgical treatment of inflammation of nasal accessory sinuses ; *Laryngoscope*, May, 397.

W. A. White ; Mechanism of character formation ; review in *California State Jour. Med. Assn.*, August, 325.

T. A. Williams ; Functional and organic differentia in nervous diseases as shown by cases ; *Pacific Med. Jour.*, August, 435.

PERSONAL NOTES.

Dr. E. M. Ellison was married, December 30, 1916, to Alberta Bayne Hunt, at Alexandria, Va.

Mrs. Elizabeth G. Harrison, wife of Dr. John Stewart Harrison, died July 22, 1917.

Mrs. Rebecca Anderson Thomas, mother of Dr. Ada R. Thomas, died at Trenton, N. J., August 18.

Dr. D. G. Smith died July 31. The Society will take appropriate action on resuming its meetings.

Dr. W. A. White is a member of the subcommittee on Clinical Methods and Standardization of Examination and Reports in Mental War Work.

Drs. A. L. Curtis and S. S. Thompson have been ordered to duty at Fort Des Moines, Iowa.

Dr. T. J. Sullivan, has been ordered to duty at Fort Benjamin Harrison.

The following Washington physicians have been ordered to duty at Fort Oglethorpe, Ga.: Drs. J. H. Collins, A. G. Compton, J. M. Heller, W. H. Littlepage, W. G. Marks, C. E. Maxwell, J. B. Pigott, C. E. Ralph, H. F. Sawtelle, W. O. Wetmore, W. E. Whitson.

Drs. D. L. Borden and E. G. Breeding have been ordered to duty at Walter Reed Hospital.

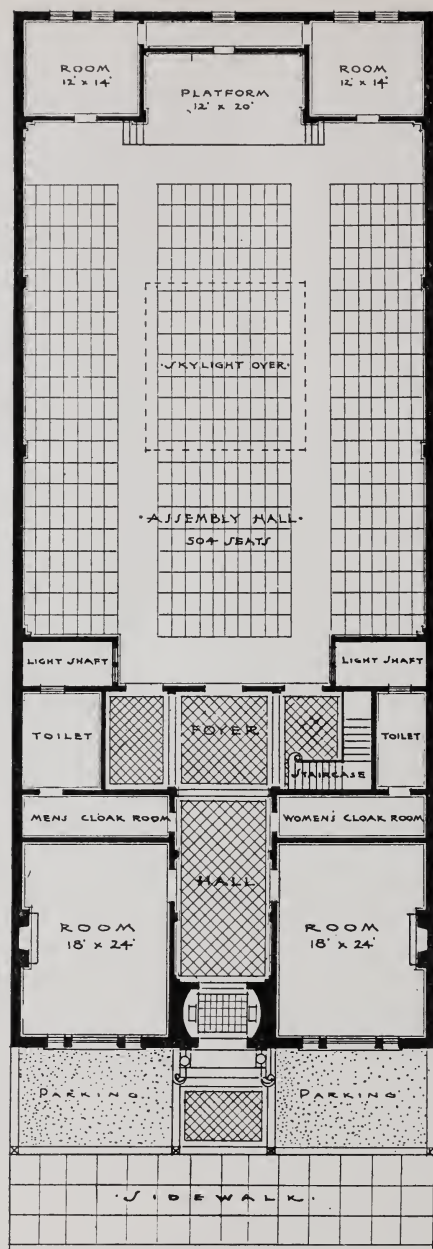
Dr. H. P. Parker has been assigned to duty in the office of the Attending Surgeon, Washington.

LIST OF DISTRICT OF COLUMBIA PHYSICIANS WHO HAVE
ACCEPTED THEIR COMMISSIONS.

Anderson, Charles Loftus Grant, Major, M. R. C.
Baker, Charles L., 1st Lieut., M. R. C., Walter Reed Gen. Hosp.
Barker, Howard W., 1st Lieut., M. R. C., Depart. of Agriculture.
Barton, Wilfred Mason, 1st Lieut., M. R. C.
Bell, Charles, 1st Lieut., M. R. C.
Bell, Leonard P., 1st Lieut., M. R. C.
Bellinger, Victor E., 1st Lieut., M. R. C.
Bingman, Carroll Edward, 1st Lieut., M. R. C.
Bloom, Rudolph, 1st Lieut., M. R. C.
Bolton, Boyce Richardson, 1st Lieut., M. R. C.
Borden, Daniel LeRoy, 1st Lieut., M. R. C.
Brady, John Chester, 1st Lieut., M. R. C.
Breckinbridge, Scott Dudley, Captain, M. R. C.
Bryan, Jos. Hammond, Major, M. R. C.
Buchanan, William Ralph, 1st Lieut., M. R. C.
Bunch, Henry Edgar, 1st Lieut., M. R. C.

Caylor, Claude Carlisle, 1st Lieut., M. R. C.
Christie, Arthur Carlisle, Major, M. R. C.
Compton, Arthur George, 1st Lieut., M. R. C.
Cox, Samuel Clifford, Captain, M. R. C.
Curtis, Arthur Lee, 1st Lieut., M. R. C.
Darnall, Moses Hubbard, Captain, M. R. C.
Davis, George Von Pullinger, 1st Lieut., M. R. C.
Digges, John Henry, 1st Lieut., M. R. C.
Drew, Henry Cecil, 1st Lieut., M. R. C., Tuberculosis Hospital.
Ecker, Lewis Charles, Captain, M. R. C.
English, Leonard Harrison, 1st Lieut., M. R. C.
Erving, William Gage, Major, M. R. C.
Fischer, Melville Bendheim, 1st Lieut., M. R. C.
Foley, Thomas Madden, Captain, M. R. C.
Frankland, Walter Ashby, 1st Lieut., M. R. C.
Gardner, Michael Edward, Captain, M. R. C.
Garrison, Fielding Hudson, Major, M. R. C.
Gray, Augustus Clagett, 1st Lieut., M. R. C.
Grayson, Stewart Maxwell, 1st Lieut., M. R. C., Children's Hosp.
Grow, Malcolm Cummings, Major, M. R. C.
Haas, Carlton D., 1st Lieut., M. R. C.
Hall, Custis Lee, 1st Lieut., M. R. C.
Hart, James W., Captain, M. R. C., Washington Barracks.
Heller, Joseph Milton, Major, M. R. C.
High, Daniel Lee, 1st Lieut., M. R. C.
Hodge, Edwin Richard, Captain, M. R. C.
Hooe, Abram B., Major, M. R. C.
Howard, William James, Jr., 1st Lieut., M. R. C.
Huddleston, J. Matthew, 1st Lieut., M. R. C., Children's Hosp.
Hume, Howard, 1st Lieut., M. R. C.
Huntington, Wm. Henry, 1st Lieut., M. R. C.
Hyde, Charles E., 1st Lieut., M. R. C.
Hyde, Charles Wilbur, 1st Lieut., M. R. C.
Johnson, Stuart Clark, 1st Lieut., M. R. C.
Johnston, John Kent, 1st Lieut., M. R. C.
Jones, Edward Barton, Captain, M. R. C.
Jones, Thomas Edward, 1st Lieut., M. R. C.
Kane, Howard Francis, 1st Lieut., M. R. C.
Kemble, Adam, 1st Lieut., M. R. C.
Kerr, Harry Hyland, 1st Lieut., M. R. C.
King, Harry Clifton, 1st Lieut., M. R. C.
Lehr, Louis, Captain, M. R. C.
Lile, Minor Carson, 1st Lieut., M. R. C.
Littlepage, William Houston, 1st Lieut., M. R. C.
Logan, William Hoffman Gardiner, Major, M. R. C.
McKay, James George, Major, M. R. C.
Macon, Edward Bailey, 1st Lieut., M. R. C.

Manning, William John, 1st Lieut., M. R. C.
Marbury, Charles Claggett, 1st Lieut., M. R. C.
Marbury, William Berry, 1st Lieut., M. R. C.
Martin, F. Henry, Major, M. R. C. Council of National Defense.
Moore, Edward Lane, 1st Lieut., M. R. C.
Moore, William Cabell, 1st Lieut., M. R. C.
Moran, John Francis, Captain, M. R. C.
Morgan, Francis Patterson, Captain, M. R. C.
Morris, Roy Thomas, 1st Lieut., M. R. C.
Neuman, Lester, 1st Lieut., M. R. C.
Norris, John Lawson, Captain, M. R. C.
O'Donnell, William Francis, 1st Lieut., M. R. C.
O'Leary, John Jeremiah, 1st Lieut., M. R. C., Providence Hosp.
Parker, Edw. Mason, Captain, M. R. C.
Parker, Henry Pickering, Captain, M. R. C.
Passer, William Frederic, 1st Lieut., M. R. C., Garfield Hosp.
Patten, William Francis, 1st Lieut., M. R. C.
Patterson, Edwin W., 1st Lieut., M. R. C.
Patton, Irvin White, Captain, M. R. C.
Pedrick, Franklin Burche, 1st Lieut., M. R. C.
Pigott, John Burr, 1st Lieut., M. R. C.
Prentiss, Daniel Webster, 1st Lieut., M. R. C.
Price, Harry Martin, 1st Lieut., M. R. C.
Quick, Tunis Cline, 1st Lieut., M. R. C.
Ralph, Charles Edward, 1st Lieut., M. R. C.
Randolph, Buckner Magill, Captain, M. R. C.
Repetti, John Joseph, Captain, M. R. C.
Reiss, George Samuel, 1st Lieut., M. R. C., Wash. Asylum Hosp.
Rench, Victor Bell, Captain, M. R. C.
Richardson, Charles Williamson, Major, M. R. C.
Schirch, George Joseph, 1st Lieut., M. R. C., Wash. Asylum Hosp.
Seibert, Edward Grant, Captain, M. R. C.
Simmons, Maynard James, 1st Lieut., M. R. C.
Shields, Matthew Jos., Captain, M. R. C.
Southard, William W., 1st Lieut., M. R. C., U. S. Soldiers' Home.
Talbot, John Allan, 1st Lieut., M. R. C.
Taylor, Laurence M., Captain, M. R. C.
Thompson, Silas Stuart, 1st Lieut., M. R. C.
Tobias, Henry Wood, 1st Lieut., M. R. C.
Van Rensselaer, John, Captain, M. R. C.
Van Sweringen, Walter, 1st Lieut., M. R. C.
Wells, Walter Augustine, Captain, M. R. C.
Whitson, William Essex, 1st Lieut., M. R. C.
Wilmer, Wm. Holland, Major, M. R. C.
Yarrow, Harry Creecy, Major, M. R. C.
Zinkham, Arthur Morris, 1st Lieut., M. R. C.
Zinkham, Paul Hudson, 1st Lieut., M. R. C.



PROPOSED
 PLAN OF AUDITORIUM.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

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WASHINGTON MEDICAL ANNALS

EPIDEMIC CEREBROSPINAL MENINGITIS; REPORT OF SIXTEEN CASES.*

By DRs. FRANK LEECH and J. W. LINDSAY,
Washington, D. C.

There are reported in this series sixteen cases of meningitis, seen in the service of Dr. Frank Leech, at the Garfield Hospital. Twelve of these cases were definitely shown by bacteriologic examination to be of the epidemic form, and four we are satisfied were of this form of infection, although the organism was not found. Ten of the patients were colored, six white; eight male, eight female; the ages varying from ten months to thirty-four years. Ten patients recovered from the meningitis and in only two cases were there any unfavorable results remaining up to September 15. Of those who died, one died of tuberculosis, one from pneumonia, one in coma with complete suppression of urine, two were fulminating cases, and one died a few hours after the first dose of serum was given.

In all the cases, headache, rigidity of the neck and Kernig's sign were present early; vomiting occurred in a number of cases, but not in all.

Two cases were of the fulminating type, one terminating on the fourth, the other on the third day, of acute symptoms.

The first case of the series came to the hospital Jan. 20, 1917, with a typical picture of meningitis, the temperature suggesting rather a mild type. Lumbar puncture was done on admission and a cloudy fluid under increased pressure obtained. This fluid contained many leucocytes, polymorphonuclears predominating, but no organisms. Cultures were negative. Five cc. of serum were given at this puncture. The next day a second puncture was made, a few cc. of fluid much less cloudy than on the previous day withdrawn and found to contain cells similar to those in the first specimen, but no organisms. As the clinical condition had markedly improved, no other punctures were made. The patient rapidly recovered and left the hospital on the eighth day after admission.

* Read before the Medical Society October 3, 1917.

This was the mildest of a group of four cases, varying in severity, in which the diplococcus intracellularis could not be found. In all a turbid fluid, under increased pressure, showing numerous leucocytes, chiefly polymorphonuclears, was obtained, and in all antimeningitis serum was injected, and all recovered.

In connection with this group it is of interest to refer to a "Case of Meningitis of Unknown Origin," reported by L. F. Barker in the *Medical Clinics of North America*, July, 1917. In this case no organism was found either in the fluid or the blood; the findings in the fluid were those rather of epidemic meningitis than of poliomyelitis (the possibility of the condition being the meningeal form of anterior poliomyelitis being considered) and the patient recovered while treatment by the serum was being carried on. In one of the four cases just described a few Gram positive bodies resembling cocci were found, but could not be grown by either aerobic or anaerobic methods; blood culture also was sterile. In this case, as in the others of this group, the findings in the fluid, except for the absence of the typical organism, were those of the epidemic type of infection.

The second case, Alvin S., aged 17, white, was a typical case in every respect. The diagnosis was made promptly and the patient brought to the hospital within about twenty-four hours of the onset of acute symptoms. Lumbar puncture yielded a cloudy fluid with numerous meningococci, both intra- and extracellular. Thirty cc. of serum were given. Punctures were made on the second, third and fourth days (two punctures) and one on the fifth day, eight doses of serum, varying from twelve to thirty cc. being given. The amount of serum was always less than the amount of fluid withdrawn. In addition to the punctures, following which serum was administered, five punctures were made for the relief of pressure, from 15 to 32 cc. of fluid being withdrawn each time. On the fourth day in the hospital, about midnight, retraction became rather suddenly more marked, respiration and pulse became rapid and poor in quality, and the general condition of the patient bad. Thirty-two cc. of fluid were withdrawn from the spinal canal, no serum was given, pulse and respiration promptly improved and the following morning the condition was much more satisfactory in every way.

At the time of the last dose of serum all organisms had disappeared from the spinal fluid and only a very few leucocytes were to be found. Convalescence was steady though somewhat slow, and even on discharge a slight retraction of the head at each step was noticeable. This patient had a rather severe arthritis which, however, lasted only three or four days.

June 7, Herbert R., ten months old, was admitted to the Children's Hospital, with bronchopneumonia and giving evidence of meningeal irritation. Lumbar puncture was made and a cloudy fluid, under moderately increased pressure, obtained. Sixteen cc.

of fluid were drawn and five cc. of serum given. Examination of the fluid showed typical findings of the epidemic form of infection. The temperature dropped rapidly and the clinical condition was excellent until the second day following when bronchopneumonia reappeared. The child died the same day. Lumbar puncture shortly before death yielded a clear fluid with no organisms.

No autopsy was obtained. A case of epidemic meningitis following a fall, with pneumonia as the first evidence of disease, is reported; the meningococcus was found in the blood.

Six cases were of particular interest, as all had attended the same school and lived in the same neighborhood.

A short time previous to the appearance of this group a child attending the same school died from "what was probably meningitis" (report of interne). No other history of this case has been obtained. Four of these cases were from two houses, two from each house; which is against the rule in 70 per cent. of cases (Holt).

Only two of this group were of special clinical interest, these, 9 and 11 years old, having very severe symptoms. In spite of lumbar puncture and serum in both cases the temperature continued high and the general condition very unsatisfactory. Examination of the spinal fluid showed typical findings at first with disappearance of the organism by the tenth day after admission. In both instances the leucocytes in the blood remained high, being about twenty-three thousand, and the temperature assumed more and more a septic character.

Influenced by the type of the temperature, the general appearance of the patient and apparently successful use of streptococcus serum in case of erysipelas, Dr. Leech decided to try similar serum in these cases. In one case the temperature continued to rise and the patient died on the third day following. In the other, the temperature promptly fell and the patient rapidly improved. Convalescence was marked by the occurrence of an extensive bromide rash and there remains still total deafness due to labyrinthitis which appeared early in the course of the disease.

Three cases are mentioned because of the time, namely, about one month, which elapsed between the onset of the symptoms and the beginning of treatment. One of these, Edward B., aged 5 years, was doubtless the most severe case of those who recovered. The first puncture showed numerous leucocytes and many intra- and extracellular organisms. Dr. Wall had given 30 cc. of serum at the first puncture and 25 cc. were given the following day. There was marked improvement in symptoms and sharp decline in temperature. On the day following, the temperature suddenly rose and 25 cc. more serum were given. Examination of the fluid at the time showed only a moderate number of leucocytes and a few organisms, almost all intracellular. Improvement again took place, to be followed by further rise of temperature, increase in

retraction and very severe headache. Lumbar puncture yielded 60 cc. of nearly clear fluid under markedly increased pressure. The following day 70 cc. of fluid were withdrawn and 15 cc. serum given. Symptoms improved promptly after both these punctures, and in order to guard against return of the high pressure, puncture was repeated in about ten hours from the last, but only 10 cc. of fluid could be obtained. Another puncture was done the following day, 10 cc. fluid being drawn, and a like amount of serum injected. The fluid now contained only a few intracellular organisms and no extracellular.

Clinically there was marked improvement during the next six days, but at the end of that time restlessness, headache and retraction again became greatly increased. Lumbar puncture was repeated, 30 cc. of fluid drawn and 15 cc. serum given. The following day 30 cc. were again withdrawn and 10 cc. serum given. In the meantime there was not much improvement in the symptoms. The next puncture yielded only about 7 cc. fluid and there was no complaint of increase in the headache (a complaint made in almost all cases toward the end of the withdrawal of fluid). The question arose as to whether the smallness of the amount of fluid obtained, in the presence of continued severe meningeal symptoms, was due to the repeated tapplings or to interference with the passage of the fluid to the spinal canal. A final puncture 24 hours later yielded 80 cc. of clear fluid under very high pressure, which would seem to indicate that there had been interference with the passage of the fluid, especially as the patient showed almost immediate and continued improvement, leading after a number of weeks to complete recovery.

The other two of this group were of no special interest aside from the long period of illness previous to treatment, except that one (about 25 years of age) had a rather severe submaxillary adenitis during convalescence. This cleared up promptly when mercurial treatment was begun, its need being indicated by a positive Wassermann?

We will mention only one other case, that of a colored child 2½ years old, who died from pneumonia, autopsy showing the lungs to be filled with tubercles. Although the first punctures showed no organisms, definite intracellular specimens were found in the third puncture and organisms were found in the smears from the cerebral exudate at autopsy and grown from this exudate.

It is of interest that the nurse who attended this patient was found to be a meningococcus carrier, the organism being found in culture from the nasopharynx.

In studying these cases we have regarded them as illustrations of facts repeatedly emphasized in the literature rather than as establishing new facts, and in conclusion we wish merely to call attention again to some of these points.

I. Early diagnosis is important but recovery may take place

even in cases of a very severe type although treatment has been greatly delayed. Three of our cases indicated this. Of course a certain number of cases recover without specific treatment.

II. Lumbar puncture is of great importance as a therapeutic measure and may be in itself life saving. The final puncture in one case yielded 80 cc. of fluid and was followed almost at once by a change from an apparently hopeless to a rapidly improving condition.

III. We believe that, whether it is scientifically demonstrated or not, that the serum can accomplish all that has been claimed for it, it is very great importance in the treatment of these cases and that treatment without the serum is not justified. The matter of potency of a given preparation of serum has recently been dwelt upon again by Flexner, and doubtless has a very direct bearing on the question of success or failure. Standardization of sera would be of great help, and the use of agglutination tests to determine the applicability of a given serum to a special case may lengthen the list of recoveries. The use of rapidly prepared autogenous serum in those cases in which the commercial sera are not found applicable offers a further hope of reducing the mortality.

IV. Serum should be used in generous quantities, at least four doses, possibly with very few exceptions, and more unless the organisms have by that time disappeared from the fluid. After the disappearance of the organisms, lumbar puncture should be done sufficiently often to guard against development of increased pressure. With the disappearance of the organisms omission of the serum doubtless is of great importance, in order that unnecessary irritation by the serum or the preservatives in it may be avoided; lumbar puncture being a guide to the need of further treatment of this kind.

V. Blood culture, cultures from the nasopharynx and from any area of localized infection, would be of value in many cases in determining the occurrence of the meningococcus in other places than the central nervous system or in discovering a second infection which might be responsible for the continuation of symptoms even after the fluid has become free from organisms. The possibility of such examination being of value is at least suggested in one of the cases to which streptococcus serum was administered.

VI. While we did not make any use of autogenous vaccine it would seem worth while to try it in those cases which tend to run a prolonged course. This procedure is followed by the workers of the New York Health Department.

VII. The occurrence in one case of a severe urticaria suggests the importance of testing the sensitiveness of each patient to serum and of desensitizing those found to be sensitive or those to whom serum has been previously administered. One worker

makes it a rule to give an intracutaneous injection, on admission, of normal serum, in any case likely to receive serum treatment.

The question of the general measures I will leave for Dr. Leech. I am glad to take this opportunity of thanking Dr. Leake of the Hygienic Laboratory for his interest in several of the cases.

Dr. Leech said that in opening the discussion he wished to say, that while these cases were on his service and under his immediate supervision, Dr. Lindsay did the major part of the work in treatment with Flexner's serum, and also did the laboratory work. Without his aid and interest Dr. Leech felt sure that they would not have had such a large percentage of cures. There were several points of very great interest in this series of cases, the chief of which was the occurrence of the six cases all of which attended the same school. While the disease is unquestionably infectious, still it is not readily communicable. This has been shown continually by the fact that the disease is almost always present in a sporadic form in all large cities. The New York City health reports show that epidemics occur at very infrequent intervals, about once in ten years. The health reports of Washington, where it has been a reportable disease only since 1907, show no epidemics. There have been more cases in the District of Columbia since January 1, 1917, to date than during the five preceding years. Just ten years ago Drs. Morgan and Wilkinson reported ten cases; this shows that it was mildly epidemic during that period. Another point of interest is the finding of the meningococcus in the nasal secretions of one of the nurses who took care of one of the cases. It seems probable that many more of those who come in contact with these cases would be found to have positive nasal cultures if all were examined.

In studying these cases Dr. Leech felt that the point brought out in the paper in regard to symptoms should be carefully borne in mind—the sudden onset, fever, possible convulsions, hyperaesthesia, Kernig's sign, stiffness of neck, and possible opisthotonos. Then, of course, the condition of the spinal fluid as shown by puncture is the clinching of the diagnosis.

As to treatment, the early use of Flexner's serum, and repeating the same as long as the meningococcus is found in the spinal fluid, is of the greatest importance; bromides, stimulants as caffeine, digitalis, and strophanthus (not strychnine), and nourishing food. He felt that their mortality rate was extremely low as compared with the other cases treated in the District of Columbia in the last ten years, that being 68.2 per cent. and theirs being 35 per cent.

Dr. J. B. Nichols said that at about the time these cases were under treatment, he saw one case of the disease at Garfield Hospital. No organisms could be demonstrated for several weeks in this case, and for that reason the diagnosis of tuberculous men-

ingitis was considered for a while, until the diplococcus meningitidis was finally recovered. Little favorable influence was exerted by commercial serum in this case, but there was a prompt improvement after the use of serum from the Rockefeller Institute. The sera from the commercial houses are made from the same strains of organisms as are employed at the Rockefeller Institute, about 48 in number, and are made under the direction of competent men. There is less phenol in the Flexner serum, and on this account less pain and reaction follow the use of it; but it would hardly be safe to leave the phenol out of the commercial sera. As to the effect of the streptococcus serum in one of Dr. Lindsay's cases, one cannot conclude that such effects are specific; it appears that the same effects may be obtained by injecting foreign proteins. Such effects are not always to be provoked, however; there may be no therapeutic reaction at all. Typhoid vaccine will produce the same effects in streptococcus infections as streptococcus vaccines. An interesting feature of his own case was the absence of any obvious source of infection; the child lived in an isolated bungalow in the country, a quarter of a mile from the road, and had come in contact with almost no one.

Dr. J. D. Morgan said that there was an epidemic of meningitis in Washington in 1898, and another in 1907; this carries out the ten year interval idea very well. He and the late lamented W. W. Wilkinson reported ten cases in the 1907 epidemic; of these seven recovered and three died. Those getting the serum early did best. The signs of this disease were so unmistakable after seeing a few cases that it seemed strange how the disease sometimes escaped recognition. An amusing and pleasing incident of the series was the transient notoriety that came to one patient as the first person to be treated with the Flexner serum in Washington; this was a prepossessing young woman of seventeen or eighteen, and although she lost an eye as a result of the disease, she received an offer of matrimony, which she accepted, and she is now living in Georgetown with quite a family around her.

Dr. M. W. Lyon, Jr., said that in preparation for his army work, he had spent about four weeks at the Rockefeller Institute last summer and was in a position to endorse Dr. Nichols' remarks about the relative inefficiency of the commercial antimeningitis sera. He had been impressed by the difficulty of growing the meningococcus, and, further, by the many distinct and specific strains of the organism. There are the normal strain and the para-strain at the extremes of the group with forty-six intermediate irregular strains. The combination of all these strains is used to produce a polyvalent serum which will agglutinate all the strains. This polyvalency is obviously necessary to be sure of getting good therapeutic effects in treating meningitis. Investigations have demonstrated the inefficiency of the commercial sera; the only sera recommended at the Rockefeller besides the

Flexner serum are the sera made at the New York State and the New York City Laboratories. In the case reports, it was interesting to hear that only one carrier was found; Flexner finds four carriers to every case of the disease. Carriers are evidently responsible for school epidemics; to control the situation these must be detected and cleaned up with chlorinated oil or dichloramin-T.

Dr. Lindsay agreed with Dr. Nichols' remarks about the specificity of streptococcus vaccine. As to carriers, only one has been found up to this time, but only one was examined; the method of searching for carriers had not then been adopted for general use, by the health office of Washington.

Universality of interest being a condition essential to the success of the building project, the Society levied upon the membership an annual assessment of \$5.00 for the Building Fund. The Assessment for 1917 was due November 1st.

In Memoriam.

DR. CHARLES H. BOWKER, CAPTAIN, M. R. C.,
U. S. ARMY.

Charles H. Bowker, M. D., was born March 20, 1870, at Lisbon, N. H. He graduated from the Lisbon High School, the New Hampton Academy, the Medical Department of the National University, Washington, D. C., Hahnemann Medical College, Philadelphia, Pa., and the George Washington University. He took post-graduate courses at the New York Post-Graduate College, New York University, and Harvard University.

During the practice of his profession at Berlin, N. H., he served as Health Officer to the city, as county physician and as surgeon to Androscoggin Hospital. He held many important positions during his life; among those in this city were: Surgeon, U. S. Coast and Geodetic Survey; Medical Examiner, U. S. Pension Bureau; Associate Professor of Bacteriology, Howard University; Professor of Physiology, United States Veterinary College; Associate Professor of Anatomy, George Washington University, and Professor of Pathology, National University.

Dr. Bowker was also a member of the New Hampshire Medical Association, the Medical Society of the District of Columbia, the American Medical Association, Association of Military Surgeons, Association for the Prevention and Cure of Tuberculosis, etc.; National Geographic Society, Washington Academy of Sciences, American Association for the Advancement

of Science, Order of Washington, Sons of the American Revolution, National Genealogical Society, Home Club, Monday Evening Club, and the Capital Yacht Club. At one time he was medical director of the Gospel Mission, where he rendered valuable service, doing many acts of kindness.

He was commissioned Major and placed in command of the Field Hospital Service of the District National Guard when this organization was sent to the Mexican border last year. He succeeded Major Fales. After serving eight months at Bisbee, Arizona, when the Field Hospital unit was about to be mustered out, he accepted a position as Superintendent of a mine hospital at Bisbee. When a call for medical men was made for our present military preparations to enter the European War, he accepted a commission as Captain in the Medical Reserve Corps.

The doctor came here from Whitefield, N. H., where most of his relatives reside, and lived at one time at 1204 Massachusetts Avenue. He was of an old New Hampshire family which had been prominent in the history of New England from the earliest days of the American Revolution.

Dr. Bowker was an exceptionally good swimmer and lost his life September 9, 1917, in a noble attempt to save the life of a woman who nearly drowned in Roosevelt Lake, Arizona. He was buried in the National Cemetery at Arlington, Va. He is survived by his wife, Mrs. Eleanor T. Bowker; his father, Mitchell H. Bowker, and a brother, Edgar M. Bowker, of Whitefield, N. H. Thus passes from our midst, leaving us in sorrow at his untimely death, a chivalrous gentleman, an American patriot, and a professional brother. As a physician his activities in life show he had ambition and high hopes in the present and in that of a future to come.

“Unfading hope ! when life’s last embers burn,
When soul to soul, and dust to dust return.”

WHEREAS it has pleased the Almighty in his His infinite wisdom to remove from our midst Dr. Charles H. Bowker, and thereby shorten a valuable and useful service to the cause of humanity, therefore

Be it resolved, That by the death of Dr. Bowker the Society has lost an indefatigable worker in medicine and a valuable member, and that this scientific body convey to his family our appreciation of his worth and our regret at his death.

That a copy of these resolutions be sent to his family.*

(Signed) I. S. STONE,
EDWIN L. MORGAN,
Committee.

*Adopted by the Medical Society October 24, 1917.

DR. PETER HENRY STELZ, JR.,

Peter H. Stelz, Jr., was born at Allentown, Pa., December 8, 1868. He died in Washington January 5, 1917, at the age of 49.

He studied medicine at the University of Pennsylvania and was graduated in 1888. He served as interne in the German Hospital, Philadelphia, Pa., and in the Delaware State Insane Hospital. After three years of private practice in his native city he came to Washington as Medical Examiner of the Pennsylvania Railway, Washington Terminal, which position he filled at the time of his death.

In 1905 he became a member of this Society and was always interested in the proceedings, being a regular attendant upon the meetings of this body. He was also a member of the Washington Society of Nervous and Mental Diseases and of the American Medical Association. A paper written by Dr. Stelz on Color Vision and its Abnormalities was considered of such importance by the officials of the Pennsylvania Railway Co. that it was printed in pamphlet form and sent to the surgeons of the road.

Dr. Stelz was retiring, genial, a man who kept well abreast with medical literature and endeared himself to all who came to know him.*

DR. HUBBARD GILLETTE.

Dr. Gillette had been a member of this Society since July 10, 1911. He was born July 24, 1847, in Rochester, N. Y. Died May 13, 1917, aged 70 years. Graduated in 1887 from the Baltimore Medical College; pursued the practice of medicine in this city until his death. He leaves a widow, Maude H. Gillette (née Kirtley). His funeral took place May 15; he was buried in Rock Creek Cemetery.†

DR. CHAS. EVELYN HAGNER.

Dr. Charles Evelyn Hagner of this city was born in Norfolk, Va., in 1847 and died April 28, 1917. He graduated in 1869 at the University of Pennsylvania Medical School and practiced here until his health failed, some years since, causing his retirement from the active and useful life which he led for many years.

Dr. Hagner was one of the prominent physicians of the city, a man of fine appearance and address, besides possessing a rare personal charm and social qualities of a high order, all of which endeared him to a host of friends both within and without the medical profession.

* Adopted by Medical Society October 10, 1917.

† Adopted by the Medical Society October 10, 1917.

He very early showed an interest in the Medical Society and contributed several papers of interest, among them being the following: Tumor of the larynx, *Trans.*, vol. ii, 1876, p. 23; Aneurism of the innominate artery, same, p. 46; Case of poisoning by milk; *Trans.*, iv, 1877, p. 7; Hernia of parturient uterus, *Journal A. M. A.*, 1889, xii, p. 302. This case was one of hernia of the pregnant uterus through the linea alba at the umbilicus, occurring suddenly in a 3 para during the first stage of labor. The patient had previously had only a small hernial opening and had worn a truss. Forceps were applied and the patient was relieved immediately after the delivery of the placenta by the hand. In other words, the uterus could be returned to the abdomen after being emptied.

Besides his work on various committees, Dr. Hagner served as President of the Society in 1889, Vice President in 1883, and again in 1888. He was a member of the Board of Examiners, 1875-7; Prof. of Clinical Medicine, Georgetown University Medical Summer School, 1876, and Lecturer upon the diseases of the respiratory organs and laryngology. Also attending physician, Providence Hospital; Member Wash. Obst. and Gynec. Soc., etc.

These few lines but faintly portray or recall the life of one of our colleagues whose presence at the meetings of the Society, and whose active interest therein were always a source of pleasure and profit to its members.

WHEREAS, The Medical Society of the District of Columbia has lost one of its most prominent and active members, therefore be it

Resolved, That we express our regret at his untimely retirement from his useful and active professional life, and that we inform the surviving members of his family of the action of the Society, and also of our sincere appreciation of his attainments and of his efforts to advance the interests of the medical profession.*

I. S. STONE,
EDWIN L. MORGAN,
ROBERT C. RUEDY,
Committee.

DR. ALBERT LYNCH LAWRENCE.

Dr. Albert Lynch Lawrence was born in Columbus, Ohio, June 22, 1864. He was educated in the public schools of this city and graduated from the College of Pharmacy in 1885. M. D. Columbian University, 1896. Resident physician in Emergency Hospital for two years after graduation and was elected a member of the Medical Society on leaving the hospital. He was a member of the Medical Association of the District of Columbia and conducted quiz classes very successfully for several years, 1898-1905.

* Adopted by the Medical Society October 31, 1917.

He leaves a widow and one daughter to mourn his untimely death which occurred September 9, 1917.*

I. S. STONE, *Chairman,*
Committee on Necrology.

With unflagging purpose and unfailing interest the Building Committee is prosecuting to a successful conclusion the high mission entrusted to it by the Society. Subscriptions to the Building Fund now (November 10th) amount to \$17,160.00.

REPORT OF THE CENTENNIAL COMMITTEE.

WASHINGTON, D. C., *October 29, 1917.*

To the MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA:

Your committee on celebration of the centennial anniversary of this Society, which was founded September 26, 1817, submits the following report:

This committee was authorized by the Society on February 2, 1916, pursuant to a recommendation of the Executive Committee. The members of the committee, as appointed April 26, 1916, and subsequently, are as follows:

JOHN B. NICHOLS, *Chairman*

Chairmen of Subcommittees

G. WYTHE COOK

SAMUEL S. ADAMS

CHARLES W. RICHARDSON

PHILIP S. ROY

ARCHIE W. BOSWELL

Daniel S. Lamb

Julian C. Blackistone

George M. Kober

Edgar P. Copeland

Louise Tayler-Jones

Oliver C. Cox

William P. Carr

Thomas M. Foley

Francis R. Hagner

John A. Foote

Edward Y. Davidson

Carl Henning

A. Barnes Hooe

Charles W. Hyde

Henry C. Macatee

William A. Jack, Jr.

William C. Gwynn

Virgil B. Jackson

John D. Thomas

Louis A. Johnson

J. Lawn Thompson

Simon R. Karpeles

Edward G. Seibert

Henry H. Kerr

James A. Gannon

Frank Leech

H. R. Schreiber

Hanson T. A. Lemon

Harry A. Bishop

Thomas Linville

* Adopted by the Medical Society October 31, 1917.

Thomas F. Lowe	William P. Reeves
Charles C. Marbury	Joseph D. Rogers
Thomas N. McLaughlin	John H. Selby
Thomas Miller	Robert Y. Sullivan
John F. Moran	John A. Talbott
Wm. Gerry Morgan	W. D. Tewksbury
Joseph J. Mundell	J. Russell Verbrycke, Jr.
Thomas E. Neill	Walter A. Wells
Mary Parsons	James T. Wolfe
Arthur L. Hunt (deceased)	

The committee held various meetings, one of them on September 26, 1917, the exact centennial anniversary of the founding of the Society, and arranged for a celebration to be held on October 17, 1917, consisting of a literary program in the afternoon in the auditorium of the New National Museum, beginning at 2 P. M., and a banquet in the evening at Raleigh Hotel, beginning at 8 P. M.

The expenses were defrayed by a special assessment of \$3 levied on each member of the Society (any surplus so raised to be credited to the dues for 1918), and a charge of \$5 per plate at the banquet.

Invitations to be present as guests of the Society were issued to the following (89 in all):

The President and Vice-President of the United States.

The Commissioners of the District of Columbia.

The President and President-elect of the American Medical Association.

The Presidents of the various State and territorial Medical Associations of the United States.

The honorary members of the Medical Society of the District of Columbia.

Mr. H. Ralph Burton, Attorney for this Society.

The Surgeon Generals of the United States Army, Navy and Public Health Service.

Senators Henry Cabot Lodge, Jacob H. Gallinger, and John Walter Smith.

Representatives Ben Johnson and Martin D. Foster.

Rev. Wallace Radcliffe.

Dr. William H. Welch.

Dr. Daniel S. Lamb.

Hon. Alexander M. Dockery.

Dr. Edward Martin.

Col. Champe C. McCulloch, Medical Corps, U. S. Army.

Drs. Franklin Martin and F. F. Simpson, of the Council of National Defense.

Dr. Charles D. Walcott, Secretary Smithsonian Institution.
 Dr. Robert S. Woodward, President Carnegie Institution.
 Dr. William H. Holmes, President Washington Academy of
 Sciences.

The presidents of the three local universities.

The literary session was held in the auditorium of the New National Museum on the afternoon of October 17, 1917, beginning at 2 P. M. The attendance was very meager. The following program was carried out:

Invocation—Rev. Wallace Radcliffe.

Introductory Address—Dr. G. Wythe Cook, President.

Congratulatory Address—Dr. Guy Steele, President of the Medical and Chirurgical Faculty of the State of Maryland (in the absence of Dr. William H. Welch).

Historical Address—Dr. Daniel Smith Lamb.

The banquet was held at Raleigh Hotel in the evening of October 17, 1917, beginning at 8 P. M. The following menu was served:

MENU

	Sterling Points Cocktail	
Celery	Olives	Almonds
	Green Turtle au Madere	
	Boiled Salmon Hollandaise	
	Potato au Beurre	
	Larded Tenderloin of Beef with Mushrooms	
French Peas		Potato Duchesse
	Asparagus Mayonnaise	
Fancy Ice Cream		Cakes
	Coffee	
Cocktails		
Sauterne		
Champagne		

After the dinner the following program was carried out:

ADDRESSES.

Introduction of the Toastmaster, Dr. Joseph S. Wall—by Dr. G. Wythe Cook.

Our Country—Hon. Alexander M. Dockery.

Our Sister Societies—Dr. John Champlin, Westerly, R. I.; Dr. Hoyt E. Dearholt, Milwaukee, Wis.; Dr. E. B. Cooley, Danville, Ill.

Medical Legislation in the District of Columbia—Commissioner Louis Brownlow.

Medicine in the Services—Surgeon General Wm. C. Gorgas, U. S. A.

The Medical Profession—Dr. Edward Martin, Philadelphia, Pa.
The Future of the Medical Society of the District of Columbia—
Dr. John B. Nichols.

Dr. Joseph S. Wall acted as toastmaster. Exquisite music was rendered by the Raleigh Hotel Orchestra. The banquet was attended by about 197 persons, comprising the guests of the Society, members of the Society and their personal guests (including ladies), and representatives of the press.

The guests of the Society present were the following:

Dr. Guy Steele, President of the Medical and Chirurgical Faculty of the State of Maryland.

Dr. John Champlin, President of the Rhode Island Medical Society.

Dr. Hoyt E. Dearholt, President of the State Medical Society of Wisconsin.

Dr. E. B. Cooley, President of the Illinois State Medical Society.

Dr. James Beebe, President of the Delaware State Medical Society.

Rev. Wallace Radcliffe.

Hon. Alexander M. Dockery, Third Assistant Postmaster General.

Hon. Louis Brownlow, Commissioner of the District of Columbia.
Surgeon General William C. Gorgas, United States Army.

Dr. Edward Martin, Philadelphia.

Mr. H. Ralph Burton, Attorney for the Society.

Dr. William H. Holmes, President of the Washington Academy of Sciences.

Rear Admiral Charles H. Stockton, President of George Washington University.

Rev. A. J. Donlon, S. J., President of Georgetown University.

Dr. D. S. Lamb.

The members of the Society and their personal guests attending the banquet were as follows:

S. S. Adams

C. L. G. Anderson

J. S. Arnold

W. H. Atkinson and Mrs. Atkinson

S. B. Bain and Mrs. Bain

N. P. Barnes

W. M. Barton

C. M. Beall

J. B. Bogan

A. W. Boswell

F. W. Braden and Mrs. Braden

W. H. R. Brandenburg

J. H. Bryan

E. L. Bullard and Mrs. Bullard

E. W. Burch

W. T. Burch

W. K. Butler

R. B. Carmichael

W. B. Carr

- W. P. Carr
 C. N. Chipman
 Edith S. Coale
 J. T. Cole
 C. B. Conklin
 John Constas
 G. Wythe Cook
 E. P. Copeland
 E. Y. Davidson
 W. T. Davis
 R. F. Dunmire
 Johnson Eliot
 Llewellyn Eliot
 M. B. Fischer
 R. A. Fisher
 Elnora C. Folkmar
 J. A. Foote
 R. A. Foster
 W. H. Fox
 A. Francis Foye
 C. W. Franzoni
 J. A. Gannon and Mrs. Gannon
 F. H. Garrison
 Alfred Glascock
 W. R. Goodman and guest
 T. A. Groover
 W. C. Gwynn
 F. R. Hagner and two guests,
 (Col. F. F. Russell and Dr.
 G. W. Wende)
 R. A. Hamilton
 C. M. Hammett
 M. E. Higgins, U. S. N.
 D. L. High and Mrs. High
 (Mr.) S. L. Hilton
 R. T. Holden and Mrs. Holden
 A. B. Hooe
 R. A. Hooe
 W. H. Hough
 L. O. Howard
 Harry Hurtt
 C. W. Hyde
 W. A. Jack and Mrs. Jack
 V. B. Jackson
 H. W. Jaeger
 N. R. Jenner and Mrs. Jenner
 J. Taber Johnson
 L. A. Johnson and Mrs. Johnson
 L. B. T. Johnson
- P. B. A. Johnson
 Kate B. B. Karpeles
 S. R. Karpeles
 H. M. Kaufman
 L. F. Kebler
 H. H. Kerr
 G. M. Kober
 Isabel H. Lamb
 R. S. Lamb
 R. M. LeComte
 D. O. Leech and Mrs. Leech
 Frank Leech
 H. T. A. Lemon
 J. E. Lind
 J. W. Lindsay
 Thos. Linville
 J. H. McCormick
 M. A. McDonald
 T. N. McLaughlin
 H. C. Macatee
 Louis Mackall
 G. H. Magee and Mrs. Magee
 W. J. Mallory and Mrs. Mallory
 Collins Marshall
 Thos. Miller
 C. W. Montgomery
 J. F. Moran
 E. L. Morgan
 J. Dudley Morgan
 W. Gerry Morgan and two
 guests (Dr. J. F. Bryant,
 &c.)
 J. M. Moser and Mrs. Moser
 D. D. Mulcahy
 S. B. Muncaster
 J. B. Nichols and Mrs. Nichols
 Phebe R. Norris
 Mary O'Malley
 Mary A. Parsons
 W. F. Patten and two guests
 (Dr. W. T. Parsons and Mr.
 J. Foley)
 S. B. Pole
 H. A. Polkinhorn
 D. W. Prentiss and Mrs. Pren-
 tiss
 M. H. Prosperi and Mrs. Pros-
 peri
 B. M. Randolph

W. P. Reeves	W. M. Sprigg
C. W. Richardson, Mrs. Richardson and guests (Maj. W. R. Parker and Maj. V. P. Blair.	A. L. Stavelly
J. J. Richardson	E. T. Stephenson
W. L. Robins	I. S. Stone
J. D. Rogers	J. A. Stoutenburgh
F. O. Roman	J. A. Talbott
P. S. Roy and three guests (Drs. J. L. Lewis, W. L. Lewis and M. Chichester)	Louise Tayler-Jones
R. C. Ruedy	L. H. Taylor
Sterling Ruffin	Ada R. Thomas
E. C. Schneider	J. D. Thomas
J. H. Selby	J. Lawn Thompson and Mrs. Thompson
H. A. Sellhausen	M. F. Thompson and Mrs. Thompson
A. R. Shands and guest (Dr. W. A. Applegate)	R. R. Walker
D. K. Shute	J. S. Wall
H. L. Simcox, Aviation Corps, U. S. A.	J. E. Walsh
J. Crayke Simpson and guest (Mr. Rudolph Kaufmann)	W. A. Wells
H. M. Smith	C. S. White and Mrs. White
	H. W. Wiley and Mrs. Wiley
	Oscar Wilkinson
	W. H. Wilmer
	Frederick Yates

The following expenses were incurred:

Engraving, printing, engrossing and mailing invitations.....	\$ 71.75
Printing, typewriting, postage, etc.....	60.35
Afternoon meeting:	
Music	\$ 35.00
Decorations	10.00
	<hr/> 45.00
Banquet:	
Dinner, 197 covers.....	788.00
Cigars and cigarettes.....	50.85
Music	30.00
Decorations	50.00
	<hr/> 918.85
Entertainment of guests.....	10.95
	<hr/>
Total cost of the celebration to date.....	\$1,106.90

There were sold to members of the Society 183 tickets for the banquet, at \$5.00 each, amounting to \$915.

Deducting \$915 from \$1,106.90, the cost of the celebration, leaves the sum of \$191.90 to be charged to the fund raised by the special assessment of \$3.00 on each member of the Society.

This sum of \$191.90 divided among 565 members would represent a charge on each of \$0.34.

After the proceedings of the centennial celebration are printed and the cost thereof is known, a final financial statement and recommendation will be presented.

The committee submits to the Society the question of the advisability of printing in full the extensive historical matter relating to the Medical Association of the District of Columbia, etc., collected by Dr. D. S. Lamb.

The committee recommends the adoption of the following:

Resolved, That the thanks of the Medical Society of the District of Columbia be expressed to the authorities of the New National Museum for the use of its auditorium and the personal services of members of its staff on the occasion of the centennial celebration of the Society on October 17, 1917.

Resolved, That the thanks of the Medical Society of the District of Columbia be expressed to

Dr. G. Wythe Cook, its esteemed President;

Dr. D. S. Lamb, Historian;

Dr. Joseph S. Wall, Toastmaster;

Rev. Wallace Radcliffe,

Dr. Guy Steele, Cambridge, Md.;

Dr. John Champlin, Westerly, R. I.;

Dr. H. E. Dearholt, Milwaukee, Wis.;

Dr. E. B. Cooley, Danville, Ill.;

Hon. Alexander M. Dockery,

Hon. Louis Brownlow,

Surgeon General William C. Gorgas, U. S. A., and

Dr. Edward Martin, Philadelphia, Pa.,

for their participation in the program of its centennial celebration on October 17, 1917.

The chairman of the committee expresses his personal appreciation of the willing assistance rendered by the members of the committee, and especially to the chairmen of the subcommittees, Drs. G. Wythe Cook, Charles W. Richardson, Samuel S. Adams, Philip S. Roy and Archie W. Boswell, and the two secretaries, Drs. J. Lawn Thompson and Henry C. Macatee, to whose energetic and enthusiastic coöperation the outcome of the celebration is due.

Correspondence and other papers are filed herewith. The vouchers for expenditures have been turned over to the Treasurer of the Society.

Respectfully submitted, for the committee:

JOHN B. NICHOLS,
Chairman.

Subscribe to the Building Fund and you will aid in writing an unforgettable page in the history of the Society.

The following letter was received by President Cook from Dr. Tom A. Williams :

4, PLACE DE LA CONCORDE, PARIS, *Oct. 3, 1917.*

DEAR DR. COOK :

The regret I naturally feel in not being present at the great centennial is tempered by the gratification that the cause of my absence is the desire in which we all share, viz : to assist to gain the war. It may interest our fellow members to know that the work I have been asked to do is so far not at all that for which I had come out to France, which was to join the French service as neurologist. Something perhaps still more useful has been asked of me. It consists of studying at first hand the conditions in the field regarding the disturbances of the nervous system contingent upon the war. As the observations are digested, they are systematized and reported to the American Red Cross, which communicates them to the Medical Service for the army through the representatives of the Surgeon General in France.

It is the belief of Major Alexander Lambert, Chief Surgeon of the Red Cross, that the information thus obtained and communicated will prevent most of the unfortunate sequelae so apt to occur in neurological cases unskilfully handled at the commencement.

I need not exemplify, for these scarcely differ from the affections found in civil life, the adequate dealing with which it has often been my pleasure to lay before the Society to the degree, I know, of wearying those of my fellow members, and they are many, who do not yet realize the practicalities of modern neurology.

Those of them, however, who have the good fortune to reach the fighting zone will see there pregnant illustrations of the great importance from the point of military efficiency of good neurology.

I say good advisedly, and think that many of my fellow members will grasp my intention to convey the fact that there is an unfruitful and indeed a hurtful neurology, of which we have seen only too much. It is this that we must avoid at all cost in the army.

As Dr. Pearce Baily is, I hope, in charge of the matter at your end, I have little fear as to the outcome. But it is not an easy task to instruct enough regimental doctors in the fundamentals they should know, in order to prevent many of the disorders such men now deal with in France at the front lines.

I have had the pleasure of visiting most of these French centers in the army zone. Indeed, once I saw a hospital in the distance occupied by the Germans near Lens, and on the same day, a German aeroplane shot down after much manoeuvring by a British airman who looped the loop round his foe in order to get into position for the shot.

Thrilling, however, as is what I am seeing and doing, I cannot help regret not meeting my fellows in the societies, at consultations, and at the hospitals.

My wife, who is working in the American Ambulance as voluntary nurse, where are also Dr. and Mrs. Earl Clark, misses the delicious warmth of our Washington climate and the beautiful avenues and drives of our lovely capital, besides the many pleasant friendships.

When you learn, too, that on Tuesday here one can buy neither meat nor game, cake nor biscuit of any kind, confectionery or preserved fruits, and that no milk may be had in the cafés after 9 A. M. on any days, you can imagine other regrets perhaps still more fundamental.

With the very best wishes for the celebration, of which I hope to receive full particulars, I am

Yours faithfully,

TOM A. WILLIAMS.

PROCEEDINGS OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

Wednesday, October 3, 1917.—The President, Dr. G. Wythe Cook, presided; about 70 members present.

The Treasurer presented his report for the months of June, July, August and September, showing Receipts, \$2,444.29; Disbursed, \$803.52. He had received subscriptions to the Building Fund to the amount of \$1,140.00.

Dr. J. B. Nichols, Chairman of the Committee on Centennial Celebration, reported that the committee had met September 26, 1917, and thus had marked the exact anniversary of the first meeting of the Society on that date in 1817. The committee had heard reports from all the subcommittees, and it could be announced that all the plans for the formal celebration of the centennial had been made as far as possible; the program to include an afternoon session at the New National Museum and a banquet in the evening at the Raleigh.

The following members of the general committee had been named to act as a Reception Committee at the celebration:

Dr. A. W. Boswell, Chairman; Drs. Bishop, Blackstone, Copeland, O. C. Cox, Foley, Foote, Henning, Hyde, Jack, Jackson, L. A. Johnson, S. R. Karpeles, Kerr, F. Leech, Lemon, Linville, Lowe, McLaughlin, C. C. Marbury, Thos. Miller, Moran, W. G. Morgan, Mundell, T. E. Neill, Mary Parsons, Reeves, Rogers, Selby, R. Y. Sullivan, Talbott, Tewksbury, Verbrycke, Wells and Wolfe.

Dr. C. W. Richardson, chairman of subcommittee on banquet, reported that arrangements had been made for a fine dinner. He urged all members to attend and to send in their subscriptions

early, as it would be absolutely necessary to know in advance how many to serve.

On motion of Dr. Nichols, the Chairman of the Committee or the President of the Society, was authorized to draw on the Treasurer for funds from the special centennial assessment to meet such expenses as might arise in preparing for the celebration.

Dr. Davidson, for the Building Committee, reported encouraging progress in arousing interest and securing subscriptions for the building fund. There had already been promised \$12,385 for the project, and he felt that he could announce that the hope for a home for the Society was in process of realization.

The Committee on the Control of the Tuberculous was instructed to represent the Society at a conference in the Board Room, District Building, to consider the establishment of a dispensary for the tuberculous to be conducted under the auspices of the Health Department.

Dr. W. P. Carr reported a case of Spina Bifida cured by operation. Discussed by Drs. J. D. Morgan, I. S. Stone, J. A. Gannon, J. S. Wall and Carr.

Drs. Frank Leech and J. W. Lindsay presented jointly a report of Sixteen Cases of Meningitis. The papers were discussed by Drs. J. B. Nichols, J. D. Morgan, M. W. Lyon, Jr., and Lindsay. See page 307.

The Chair announced the death of the following members during the summer recess :

Drs. Dwight Gordon Smith, Chas. H. Bowker and Albert L. Lawrence.

The Committee on Necrology was instructed to take appropriate action.

Dr. E. L. Morgan was added to the Committee on Necrology.

Wednesday, October 10.—President Cook presided ; about 85 members present.

Dr. J. B. Nichols, for the Centennial Celebration Committee, and Dr. Chas. W. Richardson, of the sub-committee on banquet, reported the completion of the plans for the centennial and urged a full attendance.

The Treasurer announced that further subscriptions to the building fund had been received, raising the cash in hand to \$1,630.00.

The dues of Dr. Adeline E. Portman were remitted during the period of her inability to engage in active practice.

Dr. E. Y. Davidson, for the Building Committee, announced that subscriptions to the building fund now aggregate \$14,845.00.

The committee recommended to the Society that it be authorized to negotiate for the purchase of a site in northwest Washington, between H and O Streets, and between 12th and 17th Streets, and to obtain an option on such a site, if required, pending approval of purchase by the Society.

Dr. A. W. Boswell offered the following amendment: That the Treasurer of the Society be instructed to honor a requisition for the amount required when signed by Dr. E. Y. Davidson, chairman, and Dr. C. W. Richardson, vice-chairman of the Building Committee, and Dr. P. S. Roy, chairman of the sub-committee on site. The amended motion was adopted.

Dr. W. P. Carr moved that if the Building Committee could not procure desirable property within the bounds set in the resolution it be authorized to go as far west as 18th Street. Carried.

For the Committee on Necrology, Dr. R. C. Ruedy reported resolutions in memory of Dr. Peter J. Stelz, and Dr. M. F. Thompson reported similar resolutions in memory of Dr. Hubbard Gillette. The reports were adopted, ordered included in the minutes, and copies sent to the families of the deceased members. See page 316.

The resignations from active membership of Drs. Julian M. Cabell and J. B. Henneberger were accepted.

Dr. C. S. White read the paper for the evening, entitled: Surgical treatment of gastric and duodenal ulcer; illustrated with lantern slides. Drs. Groover and Pfender contributed slides showing the roentgenographic appearances of gastric ulcer and cancer. Discussed by Drs. Verbrycke, Mallory, W. P. Carr and White.

Centennial Celebration, Wednesday, October 17.—A meeting was held at the New National Museum at 2 P. M.; President Cook presided.

Rev. Wallace Radcliffe, D.D., pastor of the New York Avenue Presbyterian Church, offered an invocation.

There followed an address by the President, who thus formally instituted the celebration of the Society's centennial and welcomed the guests present.

The Chair introduced the President of the Medical and Surgical Faculty of Maryland, Dr. Guy Steele; the President of the Rhode Island Medical Society, Dr. John C. Champlin, and the President of the Illinois State Medical Society, Dr. Elmer B. Cooley.

Dr. William H. Welch had been expected to deliver a congratulatory address on behalf of the Medical and Surgical Faculty of Maryland, of which this Society is a lineal descendant, but the Chair announced that Dr. Welch had not arrived, and introduced in his stead Dr. Steele, who brought the congratulations and good wishes of the medical organization of Maryland.

The Secretary read letters and telegrams from the Presidents of numerous State medical societies congratulating this Society and regretting their inability to be present. Interesting letters of felicitation were also read from Dr. Abraham Jacobi and from the President of the United States.

A Historical Address was then delivered by Dr. Daniel Smith Lamb.

The Centennial Banquet was held at the Raleigh Hotel at 8 P. M., at which the following guests were present: Dr. Guy Steele; Dr. James Beebe, President of Delaware State Medical Society; Dr. John C. Champlin; Dr. Elmer B. Cooley; Dr. H. E. Dearholt, President of State Medical Society of Wisconsin; Dr. Edward Martin, of Philadelphia; Hon. Alexander M. Dockery; Commissioner Louis Brownlow; Rev. Dr. Wallace Radcliffe; the President of Georgetown University, Father Donlon; the President of George Washington University, Admiral Stockton; Mr. H. Ralph Burton; and Surgeon General W. C. Gorgas, United States Army.

The banquet having been served, Rev. Dr. Radcliffe said grace. After the Dinner President Cook introduced as Toastmaster, Dr. Joseph Stiles Wall.

The following toasts were proposed, and responded to by the guests named after the titles:

Our Country; Hon. Alexander M. Dockery.

Our Sister Societies: Dr. Champlin, of Rhode Island; Dr. Dearholt, of Wisconsin; Dr. Cooley, of Illinois.

Medical Legislation in the District of Columbia, Commissioner Louis Brownlow.

Medicine in the Services, Surgeon General W. C. Gorgas, U. S. A.

The Medical Profession, Dr. Edward Martin, Philadelphia.

The future of the Medical Society, Dr. John B. Nichols.

After this a silent toast was drunk to the President of the United States, and the Centennial Meeting was adjourned.

Wednesday, October 24.—President Cook presided; about 80 members present.

For the Committee on Necrology, Dr. E. L. Morgan presented a memorial report and resolutions of respect to the memory of Capt. C. H. Bowker, M. R. C., U. S. Army, which was received and the resolutions adopted. See page 314.

A letter from Dr. Tom A. Williams was read. See page 325.

On motion the Executive Committee was instructed to consider whether it is advisable to so change the constitution as to provide for the transfer of active members to the list of associate members without the formality of resignation and new application.

Dr. Wade H. Atkinson presented a specimen of Placenta from a case of triple foetation.

Dr. C. R. Dollman reported a case of Aneurysm of the arch of the aorta.

Dr. Thos. Chas. Martin presented a motion picture clinic in proctology-posture, methods of examination and minor operations that every physician should know. A rising vote of thanks was given Dr. Martin for his interesting and instructive exhibition.

Wednesday, October 31.—President Cook, presided; about 50 members present.

Dr. J. B. Nichols, Chairman of the Centennial Committee, read letters of appreciation and thanks from Dr. Champlin, of Rhode Island, and Dr. Cooley, of Illinois, who had been guests of the Society at the Centennial celebration.

Dr. Nichols also presented a full report of the work of the Centennial Committee, together with a financial report and recommendations of resolutions of thanks to the officers and employees of the National Museum and to those who participated in the program of the Centennial celebration.

Dr. Macatee moved that the report be received and that the resolutions of thanks be adopted, with the amendment that the thanks of the Society be extended also to Dr. Nichols, chairman of the committee, to whose zeal and untiring energy the success of the celebration was so largely due.

The motion was seconded and unanimously carried. See page 318.

A letter was read from Dr. Wm. H. Welch expressing his regret that he had not been present to participate in the program of the Centennial celebration; he had forgotten his promise to give an address on that occasion, and had made other engagements for the same date. The reply of the President, Dr. Cook, to Dr. Welch, was also read.

The Treasurer announced further receipts of subscriptions to the building fund.

Dr. I. S. Stone, for the Committee on Necrology, presented memorial reports in respect to the memory of the following deceased members:

Charles Evelyn Hagner, died April 28, 1917, and Albert Lynch Lawrence, died September 9, 1917. The reports were adopted. See page 316.

Dr. C. M. Dollman exhibited a specimen of Aneurysm of the arch of the aorta, from the case reported at the meeting of October 24th.

Dr. Kober asked permission to introduce into the record the interesting fact that Dr. C. E. Hagner's case report of Milk Poisoning, to which reference was made in the memorial report, was one of the first observations of this form of poisoning to be published, and was an indication of the careful clinical observation which must have characterized Dr. Hagner's work. This case report was made before the discovery of tyrotoxicon and the other food poisons of this type.

Dr. Lester Neuman read the paper for the evening, entitled: Renal functional diagnosis, with special reference to the test meal for nephritic function. Lantern slide illustrations. Discussed by Drs. Barton, Mallory, Claytor and Neuman.

One hundred and Sixty-five members have subscribed \$17,160.00 to the Building Fund. How much will 565 members subscribe?

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W. B. CARR, M. D.,	1418 L Street, N. W.
H. C. MACATEE, M. D.,	1478 Harvard Street, N. W.

Editorial.

TO OFFICERS OF THE MEDICAL RESERVE CORPS, U. S. ARMY INACTIVE LIST.—Word received from the Surgeon General of the U. S. Army, conveys the information to officers of the Medical Reserve Corps of the United States Army, inactive list, that assignment to active duty may be delayed, and that they are advised to continue their civilian activities, pending receipt of orders. They will be given at least 15 days' notice when services are required.

HISTORY OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.—Price \$1.00, with 25 cents added if delivered in this city or sent by mail. Address Dr. C. W. Franzoni, 605 I Street, N. W. The books are in the custody of Dr. D. S. Lamb, at the Army Medical Museum.

THE WASHINGTON MEDICAL ANNALS.—Back numbers.—Members of the Society who have back numbers of the ANNALS, and do not intend to preserve them, are requested to send them to the Chairman of the Publication Committee. Requests for such numbers are frequently received.

NOTICE. DISCUSSIONS.—If corrections of discussions do not appear in the text, it is because they have not been received in time.

THE OTHER MEDICAL SOCIETIES OF THE DISTRICT OF COLUMBIA.

THE CASUALTY HOSPITAL MEDICAL SOCIETY.—Meets on the first Friday in October, December, February and April. President, J. D. Rogers; Vice President, W. P. Wood; Secretary, S. B. Pole; Treasurer, C. J. Murphy. It is composed of the following members: N. P. Barnes, J. C. Blackistone, J. H. Diggs,

W. A. Frankland, R. M. LeComte, D. O. Leech, J. J. Madigan, W. C. Sparks, A. E. Pagan, C. J. Murphy, C. B. Conklin, R. F. Dunmire, H. Jaeger, S. B. Pole, W. P. Reeves, J. D. Rogers, C. S. White, W. P. Wood, J. J. Mundell, J. R. Wellington.

The object of the Society is to promote the welfare of the Casualty Hospital and Eastern Dispensary.

CLINICAL SOCIETY.—Officers: H. H. Donnally, President; D. Webster Prentiss, Secretary and Treasurer; J. D. Thomas and L. A. Johnson, Censors. The Society meets the second Monday of each month. It has an active membership limited to twenty-five and an inactive membership of those who have finished a term of ten or more years of active membership.

CLINICO-PATHOLOGICAL SOCIETY.—Active membership limited to 25. Inactive membership: those who have withdrawn from active membership after fifteen years. A limited honorary membership of eminent medical men. Meets on the first and third Tuesdays of the month from October to May, inclusive. Officers: Loren B. T. Johnson, President; Thos. S. Lee, First Vice President; Jos. S. Wall, Second Vice President; H. H. Donnally, Secretary-Treasurer.

EMERGENCY HOSPITAL CLUB.—This club was organized early in 1915 by the members of the Staff of the Central Dispensary and Emergency Hospital. Meetings are held on the second Saturday of each month from September to May, inclusive; the officers are as follows—President, V. B. Jackson; Vice President, Edgar Snowden; Secretary-Treasurer, E. M. Ellison.

FREEDMEN'S HOSPITAL MEDICAL SOCIETY.—Meets on the second Wednesday of each month from October to May, inclusive. Composed of physicians connected with the Staff of the Hospital and the Medical Faculty of Howard Medical School. Collins Marshall, President; C. A. Brooks, Vice President; C. A. Allen, Secretary-Treasurer.

GALEN SOCIETY of the District of Columbia. Organized September, 1909.—E. C. Wilson, President; C. S. White, Vice President; E. W. Titus, Secretary-Treasurer. Membership limited to twenty-five. The Society meets on the first Monday after the third Sunday of each month from October to May, inclusive.

GEORGETOWN CLINICAL SOCIETY; twenty-five active members, limited to graduates of the Medical Department of Georgetown University. Meets at the University Club on the third Tuesday in the month. John Foote, President; J. Russell Verbruycke, Jr., Treasurer.

GEORGETOWN UNIVERSITY MEDICAL SOCIETY.—Meets on the fourth Saturday of the month at the University Hospital. The membership consists of the Alumni, Faculty and Senior Students of the Medical School. J. A. Gannon, President; T. F. Lowe, Vice President; J. M. Moser, Secretary-Treasurer.

GEORGE WASHINGTON UNIVERSITY MEDICAL SOCIETY.—Organized 1905; membership limited to Alumni of School and Members of the Faculty. Meets in the Medical Building on the third Saturday of each month from October to May. President, C. B. Conklin; Vice President, W. G. Young; Secretary, Thomas Miller; Treasurer, E. G. Seibert; President's Council, Truman Abbe, J. Lawn Thompson, John Van Rensselaer, E. P. Copeland and W. A. Frankland. Active membership, 169.

HIPPOCRATES SOCIETY; membership limited to 25, with voluntary retired members after 10 years; meets on the second Thursday of the month from October to May. Officers for the year: J. R. Verbrycke, Jr., President; C. A. Simpson, Secretary.

MEDICAL HISTORY CLUB of Washington, D. C.—Officers: President, J. B. Nichols; Vice President, John Foote; Secretary, F. J. Stockman; Executive Committee, Frank Baker, F. H. Garrison, C. A. Pfender and the Officers. Members: Truman Abbe, Frank Baker, W. C. Borden, J. H. Bryan, G. Wythe Cook, John Foote, F. H. Garrison, Howard Hume, H. W. Lawson, W. J. Mallory, J. B. Nichols, C. A. Pfender, P. S. Roy, W. C. Rucker, F. J. Stockman, I. S. Stone, W. A. White.

MEDICAL AND SURGICAL SOCIETY of the District of Columbia.—President, E. P. Copeland; Vice President, H. H. Kerr; Secretary and Treasurer, L. Eliot; Asst. Secretary, J. H. Talbott; Executive Council, John Dunlop, H. P. Parker, H. G. Fuller, L. H. Reichelderfer and Eliot. The Society membership is limited to 25 active members; 10 honorary members; and inactive members, those who have completed a term of ten years service. The meetings are held on the first Thursday in each month from October to May.

SOCIETY OF MEDICAL JURISPRUDENCE, Washington, D. C.—President, Dr. D. P. Hickling; Vice President, J. M. Kenyon; Secretary-Treasurer, Spencer Gordon. Meets on the second Monday of each month from October to June at University Club. Has from forty to fifty members.

SOCIETY OF OPHTHALMOLOGISTS AND OTOLOGISTS, Washington, D. C., meets the third Friday of each month from October until May, inclusive. Officers: President, A. H. Kimball; Vice President, Mead Moore; Secy.-Treasurer, Carl Henning, The Rochambeau. Active members: A. B. Bennett, Jr., J. W. Burke,

V. Dabney, W. T. Davis, L. S. Greene, C. M. Hammett, Carl Henning, W. H. Huntington, E. B. Jones, A. H. Kimball, R. S. Lamb, F. B. Loring, O. A. M. McKimmie, W. B. Mason, M. E. Miller, Mead Moore, S. B. Muncaster, W. S. Newell, J. J. Richardson, G. S. Saffold, E. G. Seibert, E. A. Taylor, R. R. Walker, W. A. Wells. Inactive members: J. H. Bryan, W. K. Butler, Wm. H. Fox, W. P. Malone, H. A. Polkinhorn, C. W. Richardson, D. K. Shute, W. H. Wilmer. Associate member: T. C. Lyster, U. S. Army.

SOCIETY OF MENTAL HYGIENE, District of Columbia.—President, Gen. Rupert Blue; Vice President, Cuno H. Rudolph; Treasurer, Miss Nellie Sedgley; Dr. Wm. A. White, Chairman Executive Committee; Dr. D. Percy Hickling, Secretary. Chief objects of the committee: To work for the conservation of mental health; for the prevention of mental disease and mental deficiency and for the improvement in the care and treatment of those suffering from nervous or mental diseases or mental deficiency.

SOCIETY OF SOCIAL HYGIENE, Washington, D. C.—President, Dr. Charles F. Stokes, U. S. Navy; Secretary, Lt. Col. J. R. Kean, U. S. Army, Surgeon General's Office. The Society has four committees, namely: Education, Venereal Diseases, Protection of Women and Children, and Psychopathology. Yearly dues, \$1.00. Persons desiring to become members should address Col. Kean and state to which committee they wish to be assigned.

THERAPEUTIC SOCIETY of the District of Columbia.—Meets at the G. W. School of Pharmacy, 808 I Street, N. W., on the first Saturday in each month. E. W. Burch, President; A. P. Tibbets, Secretary.

WALTER REED MEDICAL SOCIETY.—Meets on the fourth Thursday of every other month, from September to May inclusive. Composed of physicians located in the eastern part of Washington. J. S. Arnold, President; H. R. Schreiber, Vice President; M. H. Prosperi, Secretary; N. E. Webb, Treasurer.

WASHINGTON MEDICAL AND SURGICAL SOCIETY.—President, ————; Vice President, R. R. Walker; Secretary, Walter Van Sweringen; Treasurer, F. E. Gibson; Curator and Librarian, E. H. Egbert; Executive Committee: L. H. Taylor, Chairman, G. S. Clark, G. S. Barnhart; Program and Auditing Committee: Wm. A. Jack, Jr., Chairman, J. R. Nevitt, Walter Van Sweringen; Membership Committee: F. E. Gibson, Chairman, Wm. P. Reeves, Caryl Burbank.

WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY.—President, J. F. Moran; Vice Presidents, G. B. Miller, Prentiss Willson; Secretary, Truman Abbe; Treasurer, D. W. Prentiss.

Retired members—G. N. Acker, S. S. Adams, E. A. Balloch, J. W. Bovée, W. S. Bowen, W. P. Carr, G. Wythe Cook, M. F. Cuthbert, H. D. Fry, J. T. Johnson, D. G. Lewis, A. R. Shands, E. E. Morse, Elmer Sothoron, John Van Rensselaer.

WASHINGTON PSYCHOANALYTIC SOCIETY.—Meets the second Saturday of each month, from October to May, inclusive. Membership limited to 25. D. Percy Hickling, President; Alfred Glascock, Vice President; A. A. Wilson, Secretary.

WASHINGTON SOCIETY OF NERVOUS AND MENTAL DISEASES.—President, W. M. Barton; Vice President, Edward Kempf; Secretary-Treasurer, J. J. Madigan. Program Committee: John Lind, Carl Henning and J. J. Madigan. The Society has a limited membership of thirty, but welcomes Physicians and Surgeons interested in Neurology and Psychiatry. Meets monthly on the third Thursday at the Cosmos Club or a member's residence.

THE WASHINGTON SURGICAL SOCIETY.—Meets at 1621 Conn. Ave. the third Friday of the month at 8 P. M. The officers are H. A. Fowler, President; D. W. Prentiss and Walter Webb, Vice Presidents; H. G. Fuller, Secretary, and J. A. Gannon, Treasurer. Members of Council, H. D. Fry, J. F. Moran and the officers.

WOMEN'S MEDICAL SOCIETY of the District of Columbia.—President, Mary O'Malley; Vice President, Amy J. Rule; Secretary and Treasurer, Lauretta E. Kress; Corresponding Secretary, Edith Se Ville Coale.

THE SECRETARIES of the other Medical Societies of this District are reminded that the ANNALS will publish the schedules of their meetings.

AMENDMENTS TO THE CONSTITUTION AND BY-LAWS.—The following amendments have been made since the publication in Volume XII, March, 1913.

Constitution.—Article V, Section 4, adopted Nov. 4, 1914: before the words "Due notice" on page 142, insert "No application for membership that is rejected or withdrawn shall be renewed until after two years from the time of its rejection or withdrawal."

Section 10, same article, adopted Jan. 7, 1914: for "two years" substitute "one year." At the end of the section, add the words "Members so dropped may, after report by the Committee of Censors, be reinstated by the Society upon the payment of arrears in dues." Adopted March 1, 1916.

Section 13, same article, adopted March 7, 1917. Strike out the words: "and members of the dental, pharmaceutical and veterinary professions."

Section 14, same article. For the words "any three members" substitute "the Executive Committee." Adopted January 3, 1917.

Article VI, Section 5, adopted Jan. 6, 1915: in the last line, for "two" substitute "three."

Article VIII, Section 2, page 148, 4th line from top: for the word "disorders" substitute the word "diseases."

Article IX, Section 2, first line; for the word "four" substitute "five." Adopted March 1, 1916.

By-Laws.—Article VIII, Section 9, page 153, adopted Jan. 7, 1914: No member of the Staff of any hospital receiving patients in private rooms shall attend such private patient sent to the hospital by a member of the Society, not a member of the Staff, unless specifically requested to do so by the attending physician.

Please note that the figures in Sections 7 and 8 of this article, instead of being 7 and 8 should be 5 and 6.

SOME SPECIAL COMMITTEES OF THE SOCIETY:

On First Aid Conference.—Drs. C. S. White, H. H. Kerr and W. P. Reeves.

On Regulation for Control of Contagious Diseases.—Drs. Frank Leech, H. H. Donnally, S. S. Adams, W. C. Woodward, N. P. Barnes, J. S. Wall and L. B. T. Johnson.

On Meeting Place of Society.—Drs. G. Wythe Cook, A. B. Hooe, A. R. Shands and J. D. Thomas.

On American Red Cross.—Drs. L. H. Reichelderfer and L. B. T. Johnson.

Memorial Committees.—On the death of Dr. Woodman; Drs. Clark, Kerr and Jaeger. On the death of Dr. J. H. Ramsburgh; Drs. C. C. Marbury, Gwynn and Selby.

Committee on Building.—Dr. E. Y. Davidson, chairman; Drs. W. H. Atkinson, W. M. Barton, J. Rosier Biggs, A. W. Boswell, W. P. Carr, H. A. Fowler, A. Frances Foye, J. A. Gannon, W. C. Gwynn, F. R. Hagner, H. H. Hazen, C. W. Hyde, V. B. Jackson, L. B. T. Johnson, L. A. Johnson, S. R. Karpeles, H. H. Kerr, Frank Leech, D. Olin Leech, H. C. Macatee, Louis Mackall, T. N. McLaughlin, C. C. Marbury, W. Gerry Morgan, J. J. Mundell, J. B. Nichols, C. W. Richardson, J. D. Rogers, P. S. Roy, E. G. Seibert, A. C. Stanley, J. A. Talbott, L. H. Taylor, J. Lawn Thompson, Ada R. Thomas, J. D. Thomas, C. S. White, Prentiss Willson.

Committee on Attendance.—Drs. A. W. Boswell, W. M. Barton, A. J. Carrico, J. A. Gannon, C. W. Hyde, S. S. Adams, C. A. Simpson, J. Lawn Thompson, E. Y. Davidson, H. T. A. Lemon.

Centennial Committee.—Dr. J. B. Nichols, chairman. Drs. S. S. Adams, Bishop, Blackistone, Boswell, W. P. Carr, G. Wythe Cook, Copeland, Cox, Davidson, Foley, Foote, Gannon,

Gwynn, Hagner, Henning, A. B. Hooe, Hyde, Jack, Jackson, L. A. Johnson, S. R. Karpeles, Kerr, Kober, D. S. Lamb, Frank Leech, Lemon, Linville, Lowe, Macatee, T. N. McLaughlin, C. C. Marbury, Thomas Miller, Moran, Gerry Morgan, Mundell, T. E. Neill, Mary Parsons, Reeves, C. W. Richardson, Rogers, Roy, Schreiber, Seibert, Selby, R. Y. Sullivan, Talbott, Tayler-Jones, Tewksbury, J. D. Thomas, J. L. Thompson, Verbrycke, Wells, Wolfe.

Committee on Salvarsan.—Drs. H. H. Hazen, H. A. Fowler, W. C. Woodward.

Committee on Cancer.—Drs. Karpeles, Frank Hagner, Balloch, W. C. Borden, W. P. Carr, Vaughan, J. F. Mitchell, Sprigg, C. W. Richardson, Gannon and Abbe.

Committee on Control of the Tuberculous.—Drs. Frank Leech, Wall, G. Wythe Cook, Roy, J. Lawn Thompson, Nichols and Barton.

Committee on Necrology.—Drs. I. S. Stone, M. F. Thompson, R. C. Ruedy, J. A. Stoutenburgh, J. W. Chappell and E. L. Morgan.

Committee on Medical Practice Act, to confer with Board of Medical Supervisors and a committee of the Homoeopathic Medical Society.—L. B. T. Johnson, P. S. Roy and W. C. Borden.

District of Columbia Committee of National Defense Medical Section.—Chairman, Dr. E. Y. Davidson; Secretary, Dr. H. C. Macatee; Treasurer, Dr. I. S. Stone; Members of Committee: Dr. S. S. Adams, Col. Wm. H. Arthur, M. C., U. S. A., Dr. J. Wesley Bovée, Surg. Gen. Rupert Blue, U. S. P. H. S., Surg. Gen. W. C. Braisted, U. S. N., Dr. G. Wythe Cook, Dr. E. Y. Davidson, Dr. B. L. Hardin, Maj. A. B. Hooe, M. R. C., U. S. A., Dr. H. C. Macatee, Dr. J. F. Mitchell, Lt. Col. Robt. E. Noble, M. C., U. S. A., Mr. Earle Phelps, Dr. J. J. Richardson, Dr. Sterling Ruffin, Dr. W. F. M. Sowers, Dr. I. S. Stone, Surgeon G. Tully Vaughan, U. S. N. R. F., Maj. W. D. Webb, M. C., U. S. A., Dr. Wm. H. Wilmer, Dr. W. C. Woodward.

PRIZES.—The American Academy of Medicine announces two prizes as follows:

1st. For 1918, \$100.00. "The principles governing the physician's compensation in the various forms of social insurance."

2d. For 1921, \$250.00. "What effect has child labor on the growth of the body?"

For further information address Dr. T. W. Grayson, Secretary, 1101 Westinghouse Building, Pittsburgh, Pa.

THE PUBLIC LIBRARY OF THE CITY wants to get the following publications: WASHINGTON MEDICAL ANNALS for January, 1907. Also the following Regulations, etc., of the Medical Association of the District: 1833, 1845, 1848, 1854, 1861, 1870, 1873, 1878, 1890, 1893, 1909.

WASHINGTON EYE, EAR, NOSE AND THROAT HOSPITAL.—Dr. J. B. Hunt, the Secretary, sends word that the hospital, which has moved into the four-story building, 2517 Penna. Ave., is modern in every detail. The clinical, pathological and rooms for the help are on the first floor; waiting room, library, office, refraction and dark rooms, rooms for internes, x-ray room and room for microscopical work on the second floor; private rooms, with and without baths, semi-private rooms, utility rooms, diet kitchens and chart rooms on third floor, and operating rooms, surgeons' lavatory, sun parlor and nurses' quarters on fourth floor. Dr. Hunt states that the successful completion of the hospital is largely due to the efforts and contributions of Dr. Oscar Wilkinson.

SOUTHERN MEDICAL ASSOCIATION.—Eleventh annual meeting, Memphis, Tenn., November 12-15. Dr. Duncan Eve, Sr., President; Dr. Seale Harris, Secretary-Treasurer.

NEW YORK SKIN AND CANCER HOSPITAL, Second Avenue and 19th St., New York City. Dr. L. D. BULKLEY and attending staff will give a series of lectures on Diseases of the Skin on Wednesday afternoons at 4:15 P. M., beginning Nov. 7; free to physicians on presenting professional cards.

AUTOMOBILE DEATHS.—The death rate from automobile accidents is stated to be more than three times what it was in 1911; about one-third of those killed are children under 10 years; nearly half are children under 15. More deaths from automobile accidents than from surface cars, subway trains, elevated roads, bicycles and horse vehicles combined.

SUICIDE.—The death rate reduced during the last few years; the last report shows death rate among white males 15.3 in 10,000, mostly by firearms; in white females 6.3 and mostly by poisoning; in colored males about half that for white males, and among colored females very low. The highest rates are between the ages of 65 and 74.

THE FOLLOWING BILL has been introduced in the House of Representatives, and a similar bill in the Senate.

IN THE HOUSE OF REPRESENTATIVES.

AUGUST 17, 1917.

MR. FOSTER introduced the following bill; which was referred to the Committee on the District of Columbia and ordered to be printed.

A BILL To incorporate the Medical Society of the District of Columbia.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That Doctors George Wythe Cook, Frank Leech, J. W. Chappell, E. G. Seibert,

P. S. Roy, R. T. Holden, W. M. Barton, E. Y. Davidson, J. B. Nichols, A. L. Stavely, C. W. Franzoni, H. C. Macatee, D. S. Lamb, A. W. Boswell, and J. Lawn Thompson, and such other persons as they may associate with themselves, and their successors, are hereby incorporated under the name and title of the Medical Society of the District of Columbia, for the purpose of promoting and disseminating medical and surgical knowledge, and for no other purpose.

SEC. 2. That the Medical Society of the District of Columbia be, and it is hereby, empowered to own, mortgage, and convey such property as may be necessary for its purposes, and to make such rules and regulations as it may require, and which may not be repugnant to the Constitution and laws of the United States.

SEC. 3. That Congress reserves the right to alter, amend, or repeal this Act of incorporation of said society.

UNIVERSAL MILITARY TRAINING.—The following resolutions were adopted unanimously at a meeting of Committees from all States (except Maine and Delaware), held in the Congress Hotel, Chicago, October 23, 1917 :

WHEREAS, The experience through which the United States is now passing should convince every thoughtful person of the necessity for the universal training of young men, not only for the national defense in case of need, but also to develop the nation's greatest asset—its young manhood—in physical strength, in mental alertness, and in respect for the obligations of citizenship essential to democracy ; Therefore, be it

Resolved by the State Committees of the Medical Section of the Council of National Defense that they strongly urge the adoption by our Government at this time of a comprehensive plan of intensive universal military training of young men for a period of at least six months, upon arriving at the age of nineteen years ; and that this body also support the movement to secure the introduction into public schools of adequate physical training and instruction ;

Resolved, That the members of each State Committee immediately take active steps to insure public support for the subject of these resolutions through the newspapers, through public meetings and through the appointment of committees in each county ; also that copies of these resolutions be forwarded to the Senators and Members of Congress in their respective States, with a personal request that favorable action be taken at the coming session of Congress upon a measure following the principle of the Chamberlain Bill and to become operative as soon as the army cantonments are no longer required for the training of the forces in the present war ;

Resolved, That each State Committee from time to time report to the Medical Section of the Council of National Defense as to action taken and progress secured in their several States.

RESOLUTION ADOPTED UNANIMOUSLY BY THE CLINICAL CONGRESS OF SURGEONS OF NORTH AMERICA at Chicago, October 25th, 1917.

WHEREAS, the experiences of the nation convince us of the necessity for universal military training, to furnish qualified men for defense, to strengthen manhood and mental poise, and to make for a more efficient citizenship; and

WHEREAS, we believe it will democratize youth and furnish discipline, while developing physical force and endurance, and will produce better fathers and workers for the ranks of peace;

Therefore, be it Resolved, that the Clinical Congress of Surgeons at its eighth annual session urges upon Congress at its coming session the passage of a measure along the general lines of the Chamberlain Bill for Universal Military Training, and that the cantonments now used by the national army be utilized, if possible, for such work.

WE ARE ASKED TO PUBLISH the following in regard to the Chamberlain Bill for Universal Training:

It must be obvious to thinking people, if we are ever to adopt Universal Military Training as the policy of this country, that *this is the time to do so*. The people are beginning to see more clearly the obligations of citizenship, including national defense; and they are learning that *only trained men* can be used in the defense of our country.

The people are also noting the manly bearing and physical improvement of the thousands of young men who have had some military training. They are beginning to see and understand the importance of physical training and rigorous discipline—which the medical profession so well knows.

This training not only makes the young man stronger and better able to resist disease, better able to fight life's battles, as well as to defend the nation in a crisis, but it broadens his vision and creates a patriotism of service.

There is another angle of supreme importance. In our social structure today much unrest prevails. Lines of cleavage are forming and their tendency is to broaden and deepen. The most effective way of bridging this over and bringing the classes to a better understanding of the problems of each is Universal Military Training. This brings boys of all classes and from all walks of life together in camp, gives them a common viewpoint, and the rigorous discipline and intensive training will be a great factor, not only in saving democracy, but in making it efficient.

Will you not take this matter up in your publication and awaken a deeper interest among the members of the profession, pointing out to them their peculiar responsibility to their country is to urge, *as experts*, the passage of the Chamberlain Bill at the coming session of Congress?

Very truly yours,

H. H. GROSS,
President of Universal Military Training League.

DR. J. C. BLOODGOOD, OF BALTIMORE, MD., SENDS THE FOLLOWING : It is of the utmost importance that the medical profession throughout the country be kept informed in regard to the activities of the Surgeon General's Office, the Medical Section of the National Council of Defense in Washington, and the work of the State Committees. There should be no difficulty in getting this information by writing directly for it.

The situation of the Medical Reserve Corps in regard to numbers has become less acute. About 14,000 are commissioned and 7,000 are in the process of being commissioned. Twenty-one thousand medical officers are about sufficient for an army of 2,000,000 men. The indications are that we will need a much larger army, and the medical profession of this country will be tested to its utmost capacity.

At a recent meeting in Chicago of the State Committees of the National Council of Defense it was decided to petition Congress to create a Reserve Medical Officers Reserve Corps. If this is created, every qualified physician at any age will be given the opportunity and honor to volunteer his services and be enrolled. After this every physician will be in a position either to wear the insignia of honor of the Reserve Medical Officers Reserve Corps or the uniform of active service in the Medical Officers Reserve Corps.

From the new Reserve Medical Officers Reserve Corps the Surgeon General will be able to select medical officers as they are required for service in France or at home.

The present great problems are : The training of physicians in civil practice for military duty.

The protection of the army in training in this country from venereal infection.

The future great problem, when our wounded begin to return to this country will be the reconstruction and reëducation of the crippled soldiers.

The great and only necessity of the present is the successful carrying on of this war.

After years of patient waiting, after many attempts which have ended in failure, even at the very time when success seemed possible, again comes a call for a renewal of the effort. The Centennial year is the psychological moment. The blaze is kindled and the flame burns fiercely. The activating principle has found a favorable medium, a favorable time to grow. We can see right now in our mind's eye the complete temple we have so long and ardently desired—the building and Home of the Medical Society of the District of Columbia.

REVIEWS.

DISEASES OF THE SKIN, 2d Edition. RICHARD L. SUTTON. C. V. MOSBY Co., St. Louis, Mo. ; 100 new pages of text ; 140 new illustrations. Price, \$6.50.—The appearance of the second edition of Sutton's book in such a short time is a well-deserved compliment to a writer who put a great amount of thought and time upon a large work. The book must naturally face comparison with the older textbooks of dermatology already upon the market. The text is not so voluminous, but practically every point is covered. There are more and better selected illustrations than in any of the other books, and especially to be noted is the great number of excellent reproductions of photomicrographs showing the histopathology of the various dermatoses. A study of these plates should serve to refute the sometimes expressed idea that there is no solid pathological basis for dermatology. The bibliography is also excellent and thoroughly up to date. In no place is there a tendency to run to fads ; the text is conservative but not ultraconservative, for Sutton is a writer who cannot but express a vigorous personality. It is a comfort to note the detailed instructions for the use of the x-rays in tinea tonsurans, to note that basal-celled cancers are sharply separated from the prickled-celled ones, and many similar details. A few criticisms might be made ; for instance, not enough attention is paid to the diet in pellagra, in view of Goldberger's investigations, and the articles upon seborrhoea hardly express the latest views. But taken all in all Sutton's book is a very real contribution, and for the dermatologist interested in pathology is far and away the best of any book upon the market, no matter in what language it may be printed.—H. H. HAZEN.

MEDICAL AND SURGICAL REPORTS OF THE EPISCOPAL HOSPITAL, Philadelphia ; volume IV, 1916 ; 326 pages ; profusely illustrated ; 36 articles besides the usual introductory reports, a history of the hospital and a sketch of John Ashhurst, Jr.—Many articles are reports of individual cases ; 10 cases are ophthalmological. All the articles are valuable and will repay reading. During the year 1916, 5,159 patients were admitted to the hospital ; daily average number in hospital, 333 ; ambulance calls, 1,813 ; daily cost per patient, \$2.02 ; number treated in the dispensary, 26,545.

D. S. LAMB.

A new-made widow called at the office of an insurance company for the money due on her husband's policy. The manager said, "I am truly sorry, madam, to hear of your loss."

"That's always the way with you men," said she. "You are always sorry when a poor woman gets a chance to make a little money."—*Tit-Bits*.

The following lists of physicians were received from Dr. H. C. Macatee, the Recording Secretary, soon after the September issue of the ANNALS.

Members of the Society in Army Service:

Adams, R. D.	Johnson, Stuart C.
Anderson, C. L. G.	Jones, E. B.
Barker, H. W.	Kemble, Adam
Bayne, J. Breckinridge	Kerr, H. H.
Biscoe, Frank L.	Lehr, L. C.
Borden, D. L.	Linville, Thos.
Borden, W. C.	Littlepage, W. H.
Breckinridge, Scott D.	Luce, Chas. R.
Bryan, J. H.	Lyon, Marcus W., Jr.
Burke, J. W.	McKay, Jas. G.
Cabell, Julian M.	McLaughlin, Wm. F.
Caylor, C. C.	Madigan, J. J.
Clark, W. E.	Manning, Wm. J.
Compton, A. G.	Marbury, C. C.
Cook, Richard L.	Marbury, W. B.
Cox, S. Clifford	Martel, Leon A.
Darnall, M. Hubbard	Miller, Thos.
Davis, W. T.	Mitchell, Jas. F.
Digges, J. H.	Moore, W. C.
Dollman, Clarence M.	Moran, J. F.
Dunlop, John	Morgan, F. P.
Ecker, L. C.	Neuman, Lester
Erving, W. G.	Newgarden, G. J.
Fischer, M. B.	Norris, J. L.
Foley, Thos. M.	O'Donnell, W. F.
Frankland, W. A.	Owen, W. O.
Garrison, Fielding H.	Parker, E. M.
Gray, Augustus C.	Parker, H. P.
Haas, Carlton D.	Patten, Wm. F.
Hall, A. J.	Pigott, J. Burr
Hamilton, Ralph A.	Prentiss, D. W.
Hart, Jas. W.	Price, H. M.
Hasbrouck, E. M.	Prosperi, M. H.
Heller, J. M.	Randolph, B. M.
Henneberger, J. B.	Reichelderfer, L. H.
High, D. L.	Rench, V. B.
Hooe, A. Barnes	Rice, E. C., Jr.
Hume, Howard	Richardson, C. W.
Huntington, W. H.	Sawtelle, H. F.
Hyde, Chas. W.	Seibert, E. G.
Hynson, L. M.	Selby, J. H.
Johnson, L. B. T.	Sloat, J. I.

Snowden, Edgar	Willson, Prentiss
Sohon, Frederick	Wilmer, W. H.
Talbott, J. A.	Yarrow, H. C.
Tastet, D. W.	Zinkham, A. M.
Thomas, J. D.	Christie, A. C.
Thompson, Edgar D.	Barton, W. M.
Tobias, H. W.	Kane, Howard F.
Van Rensselaer, John	Lemon, H. T. A.
Webb, W. D.	Mendelson, J. A.
Wells, W. A.	Sullivan, Robt. Y.
Wetmore, W. O.	Castelli, Enrico
Whitson, W. E.	

Members in Navy Service:

Adams, S. S.	Richardson, J. J.
Ammerman, C. C.	Vaughan, G. Tully
Fuller, Homer G.	Wheatley, Chas.
Griffith, Chas. I.	Ransdell, R. C.
Groff, Chester C.	Stanley, Camp
Kaveney, J. J.	Tibbits, A. P.
Kinyoun, J. J.	<i>In Service of Russia:</i>
Little, Richard M.	Egbert, E. H.
Macatee, H. C.	<i>In Service of France:</i>
Morgan, J. D.	Williams, Tom A.
Morgan, Wm. Gerry	

The following additional physicians have been recommended for commission in M. O. R. C., U. S. A., from the District of Columbia:

Baker, Chas. L.	Davis, E. K.
Bell, Chas.	Davis, Geo. von P.
Bellinger, V. E.	Decker, R. R.
Beltran, B. R.	Doyle, L. C.
Bingman, C. E.	Drew, H. C.
Birdsall, Gregg C.	English, L. H.
Blair, Harry C.	Fortier, Roy M.
Blair, Vilray P.	Gardner, M. E.
Bloom, Rudolph	Grayson, S. M.
Boerner, M. H.	Griffith, T. E.
Bolton, B. R.	Grow, M. C.
Buchanan, R. B.	Neblett, Herbert C.
Bunch, Henry E.	Hodge, E. R.
Carroll, Percy J.	Howard, L. T.
Copping, John B.	Huddleston, J. M.
Cullen, Fred'k J.	Hunter, E. R.
Curtis, Arthur L.	Hurley, T. D.

Jackson, W. J.	Thompson, S. S.
Jones, Thos. E.	Taylor, L. M.
Kane, Howard F.	Tilton, J. A.
Kenner, A. W.	Vane, Patrick P.
King, H. C.	Wilson, Bascom L.
LaGarde, L. A., Jr.	Wilson, Philip D.
LeHardy, J. C.	Zinkham, Paul H.
Leonard, Chas. L.	Alexander, Samuel A.
Lile, Minor C.	Calloway, E. A.
Maye-Smith, Richmond	Kerby, J. P.
Meriwether, Frank V.	Leonard, V. N.
Morris, Roy T.	Logan, W. H. G.
Mosher, Harris P.	Ludwig, Fred'k
Muller, Geo. W.	Phelps, W. M.
Murphy, Christopher J.	Richie, E. W.
O'Leary, J. J.	Sampson, D. G.
Passor, Wm. F.	Smith, Jesse W.
Paul, Frank	Townshend, G. D.
Pedrick, F. B.	Walker, Lewis A.
Pfeiffer, J. A. F.	Atkinson, A. D.
Procter, Arthur W.	Daniels, U. J.
Ralph, Chas. E.	Davis, R. H.
Reiss, George S.	Dunn, A. H.
Ricker, Chas. D.	Galloway, T. C.
Schirch, Geo. J.	Hayes, Henry
Shields, Matthew J.	Moskowitz, S. N.
Simmons, Maynard J.	Reuter, Fritz A.
Snow, Frank W.	Allen, Jas. H.
Stewart, H. D. L.	Scherer, E. H.
Suggs, James T.	

RECENT PUBLICATIONS BY PHYSICIANS OF THE DISTRICT OF COLUMBIA.

W. C. Braisted, U. S. Navy ; Emergency hospital construction for the U. S. Navy ; *Modern Hosp.*, August, 87.

W. P. Carr ; Complete bony ankylosis of jaw ; report of three cases cured by operation ; *Surg. Gynec. and Obst.*, October, 367.

C. N. Chipman and O. B. Hunter ; Traumatic streptococcus meningitis ; case report ; *Va. Med. Semi-Mo.*, Sept. 21, 296.

H. K. Craig ; Rheumatism ; *New York Med. Jour.*, Sept. 22, 546.

V. Dabney ; Extensive cholesteotoma following the Luc-Caldwell and Killian operations, simulating sarcoma ; case report ; *Va. Med. Semi-Mo.*, Sept. 21, 304. Also, Some conditions leading to incorrect diagnosis of adenoids in children ; *Boston Med.*

and *Surg. Jour.*, June, 875; abstract in *South. Med. Jour.*, October, 821.

W. H. Davis; Check for registration of births; *Amer. Jour. Pub. Hlth.*, September, 762.

A. B. Evarts; Ephebic psychosis; *Amer. Jour. Insanity*, July, 61.

H. A. Fowler; Syphilis of bladder; *Jour. A. M. A.*, Oct. 27, 1399.

A. Y. P. Garnett; new method of treating pernicious vomiting of pregnancy by blood transfusion; *Amer. Jour. Obstet.*, August, 303; abstracted in *Jour. A. M. A.*, Aug. 25, 669.

T. H. Goodwin; Passage of wounded man from front line trenches to base; *South. Med. Jour.*, September, 744. Also, The casualty clearing stations; *Jour. A. M. A.*, Aug. 25, 536.

H. H. Hazen; Electric cautery in cutaneous surgery; *Jour. Cutan. Dis.*, September, 590. Also, the Roentgen-ray treatment of acne vulgaris; *Jour. A. M. A.*, Sept. 22, 977.

R. Hoagland and C. M. Mansfield; Function of muscular tissue in urea formation; *Jour. Biol. Chem.*, September, 487; abstracted in *Jour. A. M. A.*, Oct. 6, 1198.

Ales Hrdlicka; The vanishing Indian; *Science*, Sept. 14, 266.

E. B. Jones; Facial paralysis as a complication of acute otitis media; *Annals Otol., &c.*, June, 523.

W. W. King; Skin diseases of Porto Rico; *Jour. Cutan. Dis.*, August, 459.

A. C. Klebs; Tuberculosis and military operations; *U. S. Naval Med. Bull.*, October, 439. Also, Paleopathology; *Bull. Johns Hopkins Hos.*, August, 261.

J. P. Leake; Bacterial vaccine therapy; *Jour. A. M. A.*, Aug. 25, 631.

M. W. Lyon, Jr.; Case of cystitis caused by bacillus coli hemolyticus; *Jour. A. M. A.*, Oct. 20, 1342.

G. W. McCoy, P. H. S.; The diagnosis of leprosy from a public health standpoint; *New Orleans Med. and Surg. Jour.*, October, 364. Also, Experimental pellagra; *Jour. A. M. A.*, Oct. 27, 1463.

C. C. McCulloch, U. S. A.; Field sanitary orders, *Ibid.*, Oct. 20, 1345.

Franklin Martin; Council of National Defense; *Amer. Jour. Pub. Hlth.*, September, 733.

G. L. Meigs; Maternal mortality from childbirth in the United States and its relation to prenatal care; *Amer. Jour. Obstet.*, Sept., 392.

T. C. Merrill; Some economic hints from France; *Ibid.*, 405.

W. O. Owen, U. S. A.; Origin of the flying hospital; *Jour. A. M. A.*, Oct. 13, 1289.

W. H. Rand; Missing links in chain of evidence concerning occupational diseases; *Amer. Jour. Pub. Hlth.*, October, 835.

P. S. Roy; Foods and feeding; *Va. Med. Semi-Mo.*, Oct. 26, 339.

W. Salant; Importance of diet as a factor in the production of pathologic changes; *Jour. A. M. A.*, Aug. 25, 603; abstracted in *Tenn. State Med. Jour.*, October, 285.

W. Salant, A. E. Livingstone and H. Connet; Experiments with succinate and its hydroxy derivatives on isolated frog heart; *Jour. Pharm. and Exp. Therap.*, August, 129; abstract in *Jour. A. M. A.*, Sept. 15, 942.

Benjamin Schwartz; Serum therapy for trichinosis; *Jour. A. M. A.*, Sept. 15, 884.

J. R. Scott; Studies on the common housefly; bacteriology in the District of Columbia. Also, Isolation of *B. Cuniculicida*; *Jour. Med. Research*, September, 101 and 121; abstract in *Jour. A. M. A.*, Oct. 6, 1199.

S. A. Silk; Plea for early diagnosis of pulmonary tuberculosis; *New York Med. Jour.*, Sept. 8, 449.

C. A. Simpson; Dermatitis factitia and neurotic gangrene; *Jour. Cutan. Dis.*, August, 493.

G. T. Vaughan; Injection of Gasserian ganglion for neuralgia of 5th cranial nerve; report of cases; *Amer. Jour. Surg.*, September, 287.

C. Voegtlin; Physiologic and pathologic importance of parathyroid gland from the experimental aspect; *Surg. Gynec. and Obstet.*, September, 244; abstract in *Jour. A. M. A.*

C. S. White; The clinical significance of jaundice; *Va. Med. Semi-Mo.*, Oct. 12, 313.

W. A. White; Adler concept of neuroses; *Jour. Abnorm. Psych.* August, 168.

H. W. Wiley; Campaign for pure food; *New York Med. Jour.*, Aug. 4, 208.

O. Wilkinson; Two hundred consecutive tonsillectomies under local anesthesia; *Laryngoscope*, September, 667.

T. A. Williams; Neoplasm of the insula, illustrating focal diagnosis; *West Va. Med. Jour.*, October, 125.

L. T. Wright; Schick test with especial reference to the negro; *Jour. Infect. Dis.*, September, 265; abstract in *Jour. A. M. A.*, Sep. 22, 1030.

PERSONAL NOTES.

Lieut. J. H. Allen ordered to New York City.

Lieut. H. W. Barker ordered to Chickamauga Park, Georgia.

Lieut. Charles Bell ordered to Fort Oglethorpe.

Captain T. C. Brecht, father of Dr. N. D. Brecht of this Society, died November 2, age 78.

Lieut. W. R. Buchanan ordered to Camp Hancock, Augusta, Ga.

- Lieut. T. S. Burgess ordered to Fort Oglethorpe.
Lieut. W. H. Cade ordered to Fort Clark, Texas.
Lieut. Moses Clayborne ordered to Fort Des Moines, Iowa.
Lieut. O. C. Cox ordered to Camp Hancock, Augusta, Ga.
Lieut. G. V. P. Davis ordered to Camp Meade, Annapolis, Md.
Lieut. J. H. Digges ordered to Fort Oglethorpe.
F. S. Echols, Contract Surgeon, ordered to Walter Reed Hospital.
Lieut. L. H. English ordered to Syracuse, N. Y.
Lieut. J. L. Gariss ordered to Camp Sheridan, Montgomery, Ala.
Captain E. M. Hasbrouck ordered to Camp Gordon, Atlanta.
Lieut. D. L. High ordered to Camp Meade.
Lieut. W. J. Howard ordered to Camp Dodge, Des Moines, Iowa.
Dr. F. B. Johnson married September 11 to Miss Ritchie McGrann.
Lieut. S. C. Johnson ordered to Cornell Medical College.
Lieut. H. H. Kerr ordered to Surgeon General's Office.
Rev. G. M. P. King, father of Dr. E. F. King, deceased, recently died in Richmond, Va.
Lieut. L. A. LaGarde ordered to Fort Riley, Kansas.
Lieut. R. M. Little ordered to Camp Logan, Houston, Texas.
Col. C. C. McCulloch, and Major F. H. Garrison of the Surgeon General's Library and Captain J. S. Fulton, M. R. C., U. S. A., the Secretary of the Maryland State Board of Health have been appointed a board to collect material for a medical and surgical history of the participation of the United States in the present war.
Lieut. G. Y. Macmurphy ordered to Camp Sevier, Greenville, S. C.
Lieut. C. C. Marbury ordered to Newport News.
Major J. F. Mitchell ordered to the Rockefeller Institute.
Lieut. A. E. Pagan ordered to Fort Oglethorpe.
Lieut. H. M. Price ordered to Chickamauga Park, Georgia.
Major L. H. Reichelderfer at last accounts was still at Sellers Field Hospital, 29th Division, at Anniston, Ala. He states that each hospital has a personnel of 6 officers and 80 enlisted men.
Lieut. E. C. Rice ordered to Camp Hancock, Augusta, Ga.
Major E. G. Seibert ordered to Langley Field, Hampton, Va., for duty in connection with aviation; thence to Mineola, L. I., same duty.
Lieut. D. G. Sampson ordered to Fort Oglethorpe.
Lieut. Fred Sohon ordered to Camp Wheeler, Macon, Ga.
T. C. Sullivan, father of Dr. R. Y. Sullivan of this Society, died Sept. 15, age 62.
Lieut. J. S. Taylor ordered to Fort Oglethorpe.
Lieut. J. A. Tilton ordered to Philadelphia.

Dr. J. S. Wall was elected one of the Directors of the American Association for the Study of Infant Mortality at the meeting in Richmond, Va., Oct. 15.

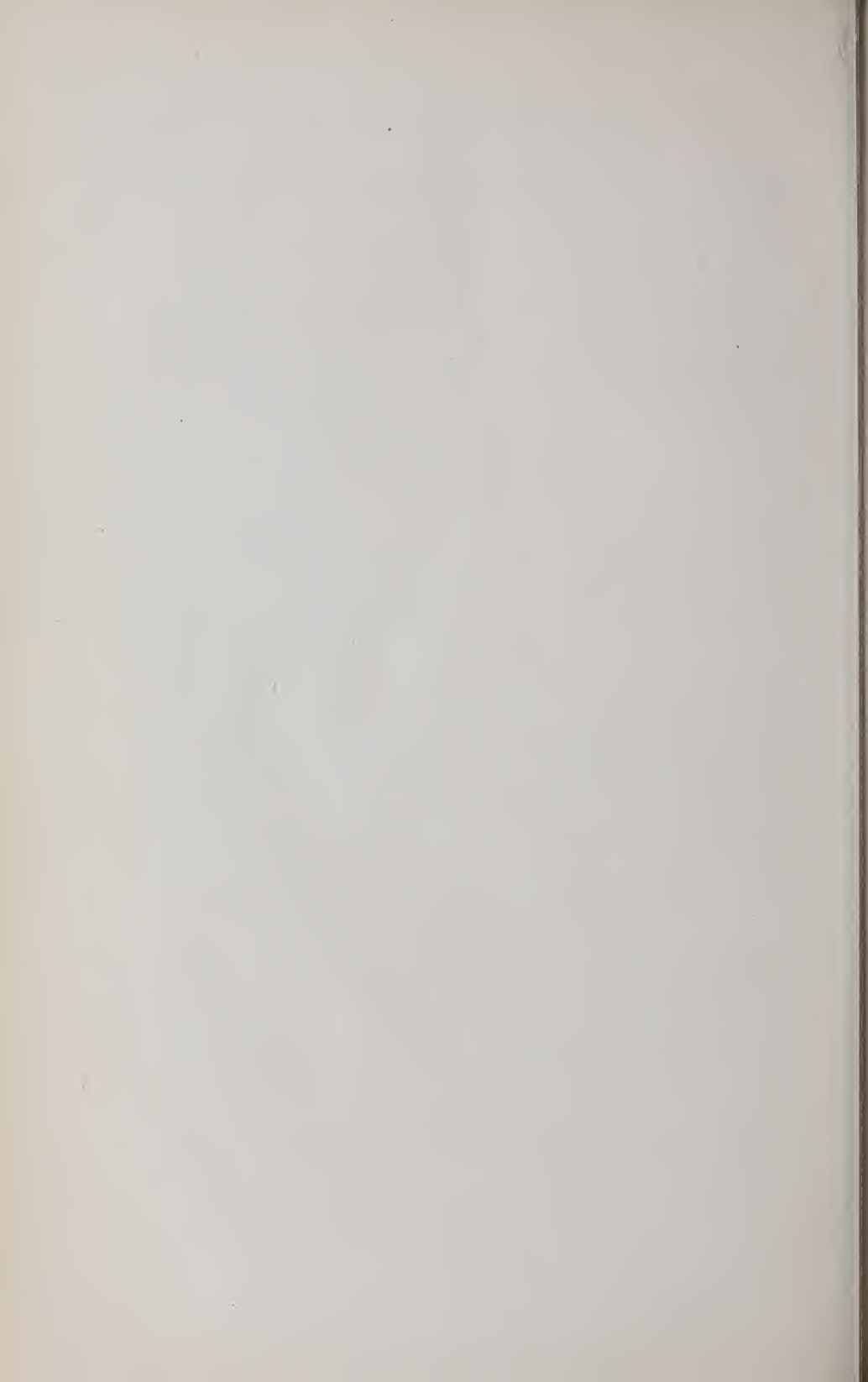
Lieut. W. O. Wetmore ordered to Camp Dix, Wrightstown, N. J.

Lieut. C. S. White ordered to America Lake, Washington.

Major W. H. Wilmer ordered to Langley Field, Hampton, Va., in connection with aviation ; thence to Mineola, L. I., same duty.

Dr. Frederick Yates of this Society was married to Mrs. Mary Estelle Archer, of Drummond, Md., Sept. 21.

Lieut. Walter Van Sweringen ordered to Camp Meade.



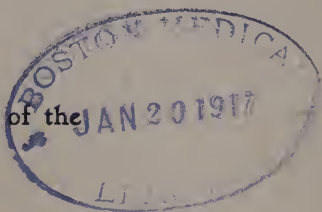
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JANUARY, 1917



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Sodium Phosphate (dried), - - - -	"	20
Sodium Sulphate (dried), - - - -	"	20
Gelseminine Salicylate, - - - -	"	1-150

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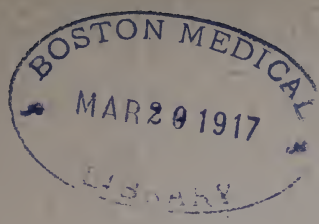
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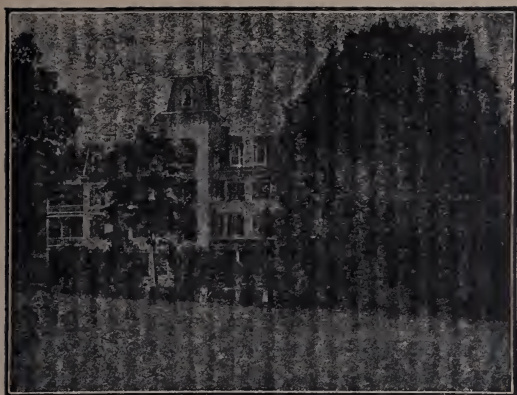
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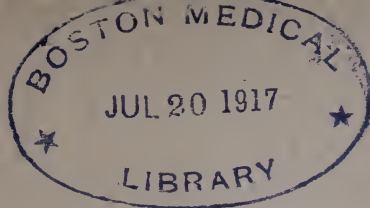
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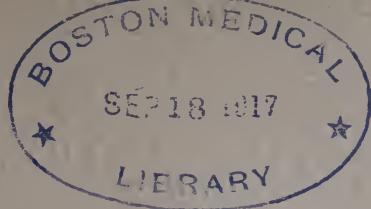


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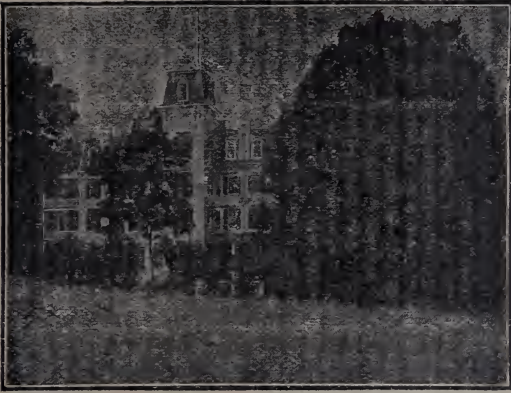
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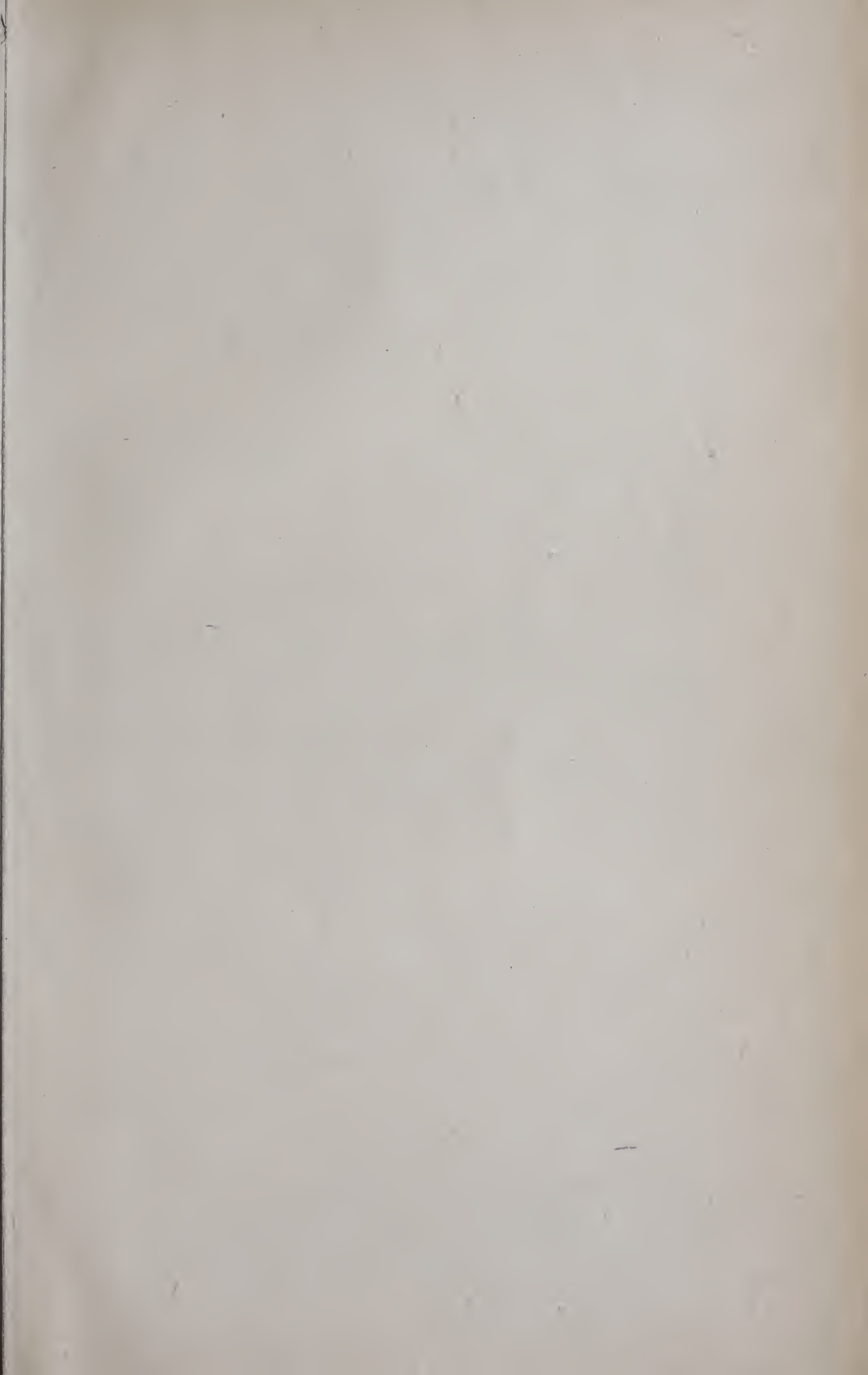
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